


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 022 ****61.25

DOCUMENT # 710021
 1. Entity Name
BIG TALBOT IMPROVEMENT ASSOCIATION OF DUVAL COUNTY, INC.



Principal Place of Business Mailing Address
 1805 JORK RD 1805 JORK RD
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3028411 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 -DENNETTE, RHYDON C JR.
 1805 JORK ROAD
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENNETTE, RHYDON C. 1805 JORK RD. JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASTLEMAN, MARY H 14718 SUN HARBOR DRIVE HOUSTON TE 77026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNETTE, DARLENE M 11305 SAWMILL ROAD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NANCY S. 5648 GRAYWOOD ROAD JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOTHERMAN, ROGER W 1407 PALMER TERRACE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, PAM 5965 HECKSCHER DR JACKSONVILLE FL 32226 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhydon C. Dennette Jr.*

2-26-08