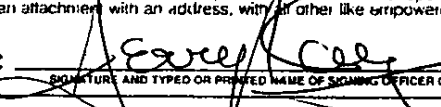


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-07-2008 90019 007 ****61.25

DOCUMENT # 711541 1. Entity Name JACKSONVILLE AREA GOLF ASSOCIATION, INC.					
Principal Place of Business 733 PUTTERS GREENWAY S. JACKSONVILLE FL 32259 US			Mailing Address 733 PUTTERS GREENWAY S. JACKSONVILLE FL 32259 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent KAY, JERRY 733 PUTTERS GREENWAY SO. JACKSONVILLE FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ Signature, typed or printed name of registered agent and their acceptance. (NOTE: This section is not required for a corporation.) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STREICHTIFF, BOB 1312 QUEENS ISLAND CT JACKSONVILLE FL 32225	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAY, JERRY 733 PUTTERS GREAN WAY S. JACKSONVILLE FL 32259	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWE, LEE 6809 MCNULLIN ST. JACKSONVILLE FL 32210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, JIM 3150 S. FLETCHER AVE., #402 FERNANDINA BEACH FL 32034	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWER, JOE 1636 PLAYERS CUB PR ORANGE PARK FL 32003	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWER, JOE 1636 PLAYERS CUB PR ORANGE PARK FL 32003	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWER, JOE 1636 PLAYERS CUB PR ORANGE PARK FL 32003	☐ Delete			
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: 					
DATE: 3/3/08					