

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 021 ****61.25

DOCUMENT # 716170

1. Entity Name
JACKSONVILLE MARITIME ASSOCIATION, INC.



Principal Place of Business
**9000 REGENCY SQ BLVD
STE 204
JACKSONVILLE, FL 32211**

Mailing Address
**P.O. BOX 350270
JACKSONVILLE, FL 32235**

20034580



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1232405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, JAMES R JR
9000 REGENCY SQ BLVD
STE 204
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WARREN, LARRY
9620 DAVE RAWLS BLVD
JACKSONVILLE, FL 32206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PENNA, STEVEN
P.O. BOX 3097
JACKSONVILLE, FL 32206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CROWELL, DON
.5800 WILLIAMS MILLS STREET.
JAX, FL 32206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BYRD, RON
P.O. BOX 3097
JACKSONVILLE, FL 32206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. GRAY

4/11/05

904-724-7112

Date

Daytime Phone #