

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90433 020 \*\*\*\*61.25

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<b>DOCUMENT #716170</b> 1. Entity Name <b>JACKSONVILLE MARITIME ASSOCIATION, INC.</b>					
Principal Place of Business <b>9000 REGENCY SQ BLVD STE 204 JACKSONVILLE, FL 32211</b>			Mailing Address <b>P.O. BOX 350270 JACKSONVILLE, FL 32235</b>		
2. Principal Place of Business <b>12086 FT. CAROLINE RD.</b>		3. Mailing Address Suite, Apt. #, etc. <b>#104</b>			
City & State <b>JACKSONVILLE, FL</b>		City & State City & State		4. FEI Number <b>59-1232405</b>	
Zip <b>32225</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAY, JAMES R JR 9000 REGENCY SQ BLVD STE 204 JACKSONVILLE, FL 32225</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>12086 FT. CAROLINE RD. SUITE 104 JACKSONVILLE FL 32225</b>		
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 <i>James R. Gray Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>JAMES R. GRAY, JR. EXEC. DIR.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>04-27-06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WARREN, LARRY 9620 DAVE RAWLS BLVD JACKSONVILLE, FL 32206</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PENNA, STEVEN P.O. BOX 3097 JACKSONVILLE, FL 32206</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROWELL, DON 5800 WILLIAMS MILLS STREET JAX, FL 32206</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BYRD, RON P.O. BOX 3097 JACKSONVILLE, FL 32206</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BYRD, RON JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WARREN, LARRY 9620 DAVE RAWLS BLVD JACKSONVILLE, FL 32206</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LEAR, GARY 5100 WILLIAM MILLS ST. JACKSONVILLE, FL 32226</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FRANCIS LESTER 9901 BLOUNT ISLAND BLVD JACKSONVILLE, FL 32226</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CROWELL, DON 5800 WILLIAM MILLS RD JACKSONVILLE, FL 32226</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BOUCHELLE, HOWARD 9901 BLOUNT ISLAND BLVD JACKSONVILLE, FL 32226</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <i>James R. Gray Jr.</i> JAMES R. GRAY, JR. 04-27-06 (904) 807-9792</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					