2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT #716170 NVILLE MARITIME ASSOCI	ATION, INC.			05	5-01-2006	90433 02	0 ****61.:	25
9000 REGEN STE 204	se of Business NCY SQ BLVD LE, FL 32211	Mailing Address P.O. BOX 350270 JACKSONVILLE, FL 32235	5				4213 		
	Place of Business FT. CAROLINE RD	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		04262006	Chg-NP	CR2E	037 (11/05)	
City & Stat	NVILLE FL	City & State			4. FEI Number 59-12324	105			oplied For ot Applicable
Zip	Country S USA	Zip	Country		5. Certificate of	Status Desired	ı 🗆	\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Ad	idress of New	v Registered	Agent	
9000 REG	MES R JR ENCY SQ BLVD				O. Box Number i				
STE 204 JACKSON	IVILLE, FL 32225		SUF	TE I		· · · · · · · · · ·			
			CAC	ks0a	JVILLE		FI	Zip Cod	
	named entity submits this statement for	the purpose of changing its reg		·					<u></u>
	tions of redistered agent.		,	registere	d agent, or both,	in the State of	Florida. Lam	n familiar with,	and accept
SIGNATURE	signsfure, typed or printed name of registered agent a	ry JAME	S R GR	LAY	JK. EX	in the State of			and accept
•	Janes R. X	9. Election Campa Trust Fund Con	SR GR egistered Agent signatur aign Financing	re required v	JK. EX	EC. DIR	DATE		-06
•	Signature, typed or printed name of registered agent at	9. Election Campa Trust Fund Con	SR GR egistered Agent signatur aign Financing	re required v	JR. EX	EC. DIR	DATE Make chec	k payable t	-06 o tate
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$60.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing tribution.	A A A B A B A B A B A B A B A B A B A B	S5.00 May Be Added to Fees DDITIONS/CHAN	FI GES TO OFFICE	DATE Make chec	k payable t	-06 o tate
SIGNATURE 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at Filling Fee is \$60.25 Due by May 1, 2006 OFFICERS AND DIR P WARREN, LARRY 9620 DAVE RAWLS BLVD	9. Election Campa Trust Fund Con	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P GYR!	\$5.00 May Be Added to Fees	FI. DIR	Make checklorida Depa	ck payable tritment of S IRECTORS IN Change	-06 tate
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at Filling Fee is \$60.25 Due by May 1, 2006 OFFICERS AND DIR P WARREN, LARRY 9620 DAVE RAWLS BLVD JACKSONVILLE, FL 32206 ST PENNA, STEVEN P.O. BOX 3097	9. Election Campa Trust Fund Con ECTORS	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GYR! TACK STACK TACK TAC	\$5.00 May Be Added to Fees DDITIONS/CHAN A RON SON ILL REN LAN DOWN EN	FI. DIR FI GES TO OFFICE E, FL AWLS E, FL	Make checklorida Depa	ck payable to the rement of S IRECTORS IN Change	o tate
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent at Filling Fee is \$60.25 Due by May 1, 2006 OFFICERS AND DIR P WARREN, LARRY 9620 DAVE RAWLS BLVD JACKSONVILLE, FL 32206 ST PENNA, STEVEN P.O. BOX 3097 JACKSONVILLE, FL 32206 D CROWELL, DON 5800 WILLIAMS MILLS STREET	9. Election Campa Trust Fund Con ECTORS Delete	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GYRI TACK ST WARL 9620 TACK VP LEAR 9901 TACK	\$5.00 May Be Added to Fees DDITIONS/CHAN SONVILLE REN, LAN SONVILLE CONVILLE CONV	FI. DIR FI GES TO OFFICE E, FL ANILL E, FL TER ISLAND	Make checklorida Depa DERS AND D SLVA 32206 SST. 32226	ck payable to the rement of S IRECTORS IN Change	tate 110 Addition
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at Filling Fee is \$60.25 Due by May 1, 2006 OFFICERS AND DIR PWARREN, LARRY 9620 DAVE RAWLS BLVD JACKSONVILLE, FL 32206 ST PENNA, STEVEN P.O. BOX 3097 JACKSONVILLE, FL 32206 D CROWELL, DON 5800 WILLIAMS MILLS STREET JAX, FL 32206 D BYRD, RON P.O. BOX 3097	9. Election Campa Trust Fund Con ECTORS Delete Delete	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GYRI TACK ST WARL 9620 TACK VP HEAM 9901 TACK VP HEAM 9901 TACK VP HEAM 9901 TACK VP HEAM 9901 TACK	\$5.00 May Be Added to Fees DDITIONS/CHAN A RON SONVILLE S	FI. DIR FI GES TO OFFICE E, FL ANILI E, FL ISLAND ISLAND ISLAND IN ANILI ISLAND IN ANILI ISLAND IN ANILI IN ANIL	Make checkorida Depa CERS AND D 32206 32206 32226	ck payable turtment of S IRECTORS IN Change	tate 1 10 Addition 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.

SIGNATURE:

JAMES R. GLAN, JR. 04-27-06 (904) 807-979;
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Days INTERIOR DATE:

Days INTERIOR PROPERTY P