2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 716170

Entity Name: JACKSONVILLE MARITIME ASSOCIATION, INC.

Current Principal Place of Business:

12086 FT. CAROLINE RD
SUITE 104
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350270
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-1232405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, JAMES R JR
12086 FT. CAROLINE RD
SUITE 104
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BYRD, RON	
Address:	P.O. BOX 3097	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	ST	( ) Delete
Name:	WARREN, LARRY	
Address:	9620 DAVE RAWLS BLVD	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	VP	( ) Delete
Name:	LEAR, GARY	
Address:	5160 WILLIAM MILLS ST	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VP	( ) Delete
Name:	BROWN, LEE	
Address:	9901 BLOUNT ISLAND BLVD	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VP	(X) Delete
Name:	CROWELL, DON	
Address:	5800 WILLIAM MILLS RD	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VP	( ) Delete
Name:	BOUCHELLE, HOWARD	
Address:	9901 BLOUNT ISLAND BLVD	
City-St-Zip:	JACKSONVILLE, FL 32226	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. GRAY, JR. DIR 04/13/2009
Electronic Signature of Signing Officer or Director — Date