7/8/200

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Jul 23, 2004 8:00 am
Secretary of State
07-08-2004 90097 043 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66430511

DOCUMENT # 716176

1. Entity Name
NORTH FLORIDA HUNTER & JUMPER ASSOCIATION, INC.

Principal Place of Business
12810 J TURNER BUTLER BLVD.
P O BOX 17429
JACKSONVILLE, FL 32245

Mailing Address
13181 GLEN KERNAN PKWY
JACKSONVILLE, FL 32224 US

07022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2562600
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PURSELL, THOMAS K~~
~~1548 LANCASTER TERR~~
JACKSONVILLE, FL ~~32204~~ 32207

MICHAEL W. GALLETT
4417 BEACH BLVD, SUITE 200

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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: MICHAEL W. GALLETT Michael W. Gallett 7-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HODGES, KERNAN R
STREET ADDRESS	13181 GLEN KERNAN PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	HAZEL, MARY ANN
STREET ADDRESS	3624 JULINGTON CREEK
CITY-ST-ZIP	MANDARIN, FL
TITLE	PD
NAME	WEIGHT, TONY
STREET ADDRESS	13918 MANDARIN OAKS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	~~VP~~
NAME	PURSELL, THOMAS K
STREET ADDRESS	1548 LANCASTER TERR
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	ES
NAME	GREEN, ELIZABETH
STREET ADDRESS	12912 RIVERMIST WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael W. Gallett 7-2-04 ~~904-398-8614~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kernan R. Hodges 7-20-04 904-223-0701
KERNAN R. HODGES