Principal Place of Business Masking Address   PO BOX 9913 PO BOX 9913   ACXONVILLE, FL 32208 MAXSONVILLE, FL 32208   DO NOT WRITE IN THIS SPAce PO BOX 9913   SAPP, SAMULE E Status Desired of Status Desired Agent   SAPP, SAMULE F. 1 32208 Status Desired of Status Desired Agent   SAPP, SAMULE F. 1 32208 DO NOT WRITE   Max and Address of Oursest Registered Agent Status Desired of Status Desired of Status Desired Agent   SAPP, SAMULE F. 1 32208 DO NOT WRITE   Max and Address of Oursest Registered Agent DO NOT WRITE   JACKSONVILLE, FL 32208 DO NOT WRITE   SAPP, SAMULE F. Status Test is the purpose of changing its registered office or registered agent, or both, in the Status of Register with the thing of Register and agent agent of the other agent agent or both, in the Status of Register with the thing of Register agent agent or both, in the Status of Register agent agent or both, and so the other agent agent or both, and so the other agent agent or both, and so the other agent agent agent or both, and the Status of Register agent agent agent or both, and the Status of Register agent agent agent or both, and the Status of Register agent a	2005 NOT-FOR-PROFIT CORPOR ANNUAL REPORT DOCUMENT # 7,17760 1. Entity Name NASITRA CLUB, INC.					Mar 03, 2005 08:00 AN Secretary of State	
DO NOT WRITE IN THIS SPACE 02262005 No Chg-NP CR2E037 (10/03)   4 "EXAMPLE 4 "EXAMPLE Policie" No. Apple 16   SAPP, SAMUEL E Certificate of Status Desired 33.75 Admitosi   SAPP, SAMUEL E Certificate of Status Desired 33.75 Admitosi   SAPP, SAMUEL E Certificate of Status Desired 33.75 Admitosi   SAPP, SAMUEL E Certificate of Status Desired 33.75 Admitosi   JACKSONVILLE, FL 32208 DO NOT WRITE IN THIS SPACE   In The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fickle. Lam familier with, and active of lighters dagent. BOO NOT WRITE   SIGNATURE Education Campaign Financing Status Office of Inservice of the office of a status Desired agent. Dot   SIGNATURE Education Campaign Financing Status Office of Status Office Office of agent Dot   Inter Advises 7153 RICHARDSON RD Election Campaign Financing Status Office of Add to Fees U00000025D384   Inter Advises Status Office Status Office of Res Dig U00000025D384 U3/704/05=80008-0222.61.25   Inter Advises Status Office Res Dig Status Office Res Dig Doc NOT	9913	<b>}</b>	PO BOX 9913		t and the state		
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Submit and Address of Current Registered Agent   SAPP, SAMUEL E   SAPS, SAMUEL E   Attract Part Address of Current Registered Agent   SAPP, SAMUEL E   SAPS, SAMUEL E   JACKSONVILLE, FL 32208   B. The above named entity submits his studement for the purpose of changing is registered agent, or both, in the State of Portize. Law familier with, and ac the obligations of registered agent.   SIGNATUPE   Budget of Status Desired   Budget of Status Desired agent.   SIGNATUPE   Signature of Status of agent agent are to a tapolation.   Budget of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent are to a tapolation.   Bignature of the status of agent agent.   Bignature of the status of agent a	nn Nr			<b>á / . </b>			
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2417 PALMDALE STREET JACKSONVILLE, FL 32208 IN THIS SPACE IN THIS SPACE	6. Neme	and Address of Current I	Tegistered Agent				
Ide obligations of registered agent.   SIGNATURE   Signature, hyped or phrited nume of registered agent and tits 1 explicable. (NOTE Registered Agent signature registered when interesting) DATE   Signature, hyped or phrited nume of registered agent and tits 1 explicable. (NOTE Registered Agent signature registered when interesting) DATE   Signature, hyped or phrited nume of registered agent and tits 1 explicable. (NOTE Registered Agent signature registered agent and tits 1 explicable.   Signature, hyped or phrited nume of registered agent and tits 1 explicable.   Signature, hyped or phrited nume of registered agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Note: Signature, hyped or phrited nume of registered Agent signature registered agent.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicit agents are previous agent and tits 1 explicable.   Open Explicable agent and tits 1 explicable.	ALMDALE ST					المروافية المتصبين والواوين وال	
Ite obligations of registered agent.   SIGNATURE   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   De by May 1, 2005   The PD NMK   PD   NMK PRIME, JAMES C STRET ADDRES C TT153 RICHARDSON RD ORY-ST-2P   JACKSONVILLE, FL 32208   UDDDDD025D384 03/D4/05=80D08-022.61.25   NAKE MORGAN II, FRANKL   SD MAKE MORGAN II, FRANKL STRET ADDRES 938 CHARLES D EVERS DR CITY-ST-2P   JACKSONVILLE, FL 32034   TT15 TT15 SHET ADDRES SAPP, SAMUEL E STRET ADDRES SAPP, SAMUEL E STRET ADDRES SAPP, SAMUEL E STRET ADDRES SAPP, SAMUEL E STRET ADDRES					n na salah sala Salah salah sala		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	JACKSON				Bernetinen ander makalariet		
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, 1 further certify that the information incloated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cetti; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.					CONTRACTOR DESCRIPTION OF A DESCRIPTION OF	The second s	