

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90008 041 \*\*\*\*70.00

**DOCUMENT # 724074**

1. Entity Name

WEST JAX FLEET RESERVE HALL, INC.



Principal Place of Business

7673 BLANDING BLVD.  
JACKSONVILLE FL 32244-5111

Mailing Address

7673 BLANDING BLVD.  
JACKSONVILLE FL 32244-5111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7212855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALSH, DONALD F  
644 BRAMSCOMB RD  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROBY, AL ☐ Delete  
STREET ADDRESS 443 CLEARMONT DR  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D  
NAME KULIER, BILL ☐ Delete  
STREET ADDRESS 3725 CAMBRY PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ST  
NAME ATTEBERY, CLINTON F. ☐ Delete  
STREET ADDRESS 1408 BELVEDERE AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME CRAIN, WADE ☒ Delete  
STREET ADDRESS 7871 MORSE AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME JOHNSON, HURHERT ☐ Delete  
STREET ADDRESS 7701 BLANDING BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP  
NAME HOLDER, TED ☒ Delete  
STREET ADDRESS 5195 MAOLNE DR  
CITY-ST-ZIP ORANGE PARK FL 32073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME Elrod, H. C. ☐ Change ☒ Addition  
STREET ADDRESS 1007 Winstonian Way  
CITY-ST-ZIP Jacksonville, Fl. 32221-1668

TITLE D  
NAME Thomas, J. J. ☐ Change ☒ Addition  
STREET ADDRESS 2929 Bobcat Court  
CITY-ST-ZIP Green Cove Springs, Fl. 32043-7014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Clinton F. Attebery* *Clinton F. Attebery* 3-18-04 904-384-3881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #