


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

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90074 049 \*\*\*\*70.00

<b>DOCUMENT # 728140</b>	
<b>1. Entity Name</b>	
THE AMERICAN PATRIOTIC COMMISSION OF JACKSONVILLE, FLORIDA, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
6842 ST AUGUSTINE RD JACKSONVILLE FL 32217 US	6842 ST AUGUSTINE RD JACKSONVILLE FL 32217 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b>	<b>Applied For</b>
59-1498232	Not Applicable

<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
RINAMAN, (JAMES C. JR.) 1200 RIVERPLACE BOULEVARD SUITE 800 JACKSONVILLE FL 32207

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
PD	LINVILLE, (GEORGE M.)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6842 ST. AUGUSTINE ROAD			
JACKSONVILLE FL			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
VD-TS	RINAMAN, (JAMES C. JR.)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1200 RIVERPLACE BLVD., SUITE 800			
JACKSONVILLE FL			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
SD	HANSEN, (CONSTANCE)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1512 LARUE AVENUE			
JACKSONVILLE FL			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
TD	ROBERTS, RODELL F.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1325 SAN MARCO BLVD.			
JACKSONVILLE FL			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
D	ANDREWS, WILLIAM H.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1056 HENDRIVKS AVE			
JACKSONVILLE FL			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
D	BULLARD, RAYMOND	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
500 W. WATER STREET			
JACKSONVILLE FL			

**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:**  **George M. Linville P.D.** **1-31-05 9047236620**