

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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



Principal Place of Business Mailing Address
6842 ST AUGUSTINE RD **6842 ST AUGUSTINE RD**
JACKSONVILLE FL 32217 **JACKSONVILLE FL 32217**
US **US**

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



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1498232 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RINAMAN, (JAMES C. JR.)
1200 RIVERPLACE BOULEVARD
SUITE 800
JACKSONVILLE FL 32207

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	LINVILLE, (GEORGE M.)	
STREET ADDRESS	6842 ST. AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD-TS	<input type="checkbox"/> Delete
NAME	RINAMAN, (JAMES C. JR.)	
STREET ADDRESS	1200 RIVERPLACE BLVD., SUITE 800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, (CONSTANCE)	
STREET ADDRESS	1512 LARUE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, RODELL F.	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM H.	
STREET ADDRESS	1056 HENDRIVKS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, RAYMOND	
STREET ADDRESS	500 W. WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **George M. Linville P.D.** 1-31-05 9047236620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #