

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731692

FILED
Jul 10, 2006
Secretary of State

Entity Name: THE BULL SNORT FORUM, INC.

Current Principal Place of Business:

4068 CORRIENTES
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4446 HENDRICKS AVE
STE 204
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2687621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCBURNEY, CHARLES W
6550 ST AUGUSTINE RD
105
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

MCBURNEY, CHARLES W
76 S. LAURA STREET
SUITE 590
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: MARGARET M WEITZEL

07/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: OVERTON, JAMES
Address: 3751 OAK POINT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: MACKOOL, GEORGE
Address: 1428 SAN MARCO BLVD, # 16
City-St-Zip: JACKSONVILLE, FL 32201

Title: P () Delete
Name: MALLET, RON
Address: 4446 HENRICK AVE, # 204
City-St-Zip: JACKSONVILLE, FL 322076369

Title: VD () Delete
Name: BANKE, GEORGE
Address: 220 E BAY ST, # 1314
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: LUDWIG, HELEN
Address: 3528 MAJESTIC OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: FINN, KATHY
Address: 5711 CEDAR OAKS DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET M. WEITZEL

MRS.

07/10/2006

Electronic Signature of Signing Officer or Director

Date