

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731692

FILED
Mar 04, 2008
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:

4446 HENDRICKS AVE.
STE 204
JACKSONVILLE, FL 32207

Current Mailing Address:

4446 HENDRICKS AVE
STE 204
JACKSONVILLE, FL 32207

New Mailing Address:

4446 HENDRICKS AVE.
JACKSONVILLE, FL 32207

FEI Number: 59-2687621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: JOHNSTON, STEPHEN G
Address: 1307 RIVER HILLS CIR. E. #7
City-St-Zip: JACKSONVILLE, FL 32211

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 (X) 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: T (X) Change () Addition
Name: DEAN, KEN
Address: 1325 MONTICELLO RD.
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: VD (X) Change () Addition
Name: JOHN, TENBROECK
Address: 2336 URBAN RD.
City-St-Zip: JACKSONVILLE, FL 32210

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 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: STEPHEN G. JOHNSTON

P

03/04/2008

Electronic Signature of Signing Officer or Director

Date