

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90016 015 \*\*\*\*61.25

**DOCUMENT # 732979**

1. Entity Name  
**THE NORTH FLORIDA BLUE GRASS ASSOCIATION INC.**



Principal Place of Business  
**1540 STONEBRIAR RD  
ORANGE PARK, FL 32073**

Mailing Address  
**PO BOX 2830  
ORANGE PARK, FL 32067 US**

**40007881**



2. Principal Place of Business

3. Mailing Address

01242005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Green Cove Springs, FL**  
Zip  
**32043**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**51-0173740**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANDERBILT, TOBY  
1540 STONE BRIAR 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

**Filing 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	STD	<input checked="" type="checkbox"/> Delete
NAME	MCNAMARA, JEAN	
STREET ADDRESS	2074 CRESTVIEW CT	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOGGINS, WAYNE	
STREET ADDRESS	2909 TANGLEWOOD BLVD.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VANDERBILT, TOBY	
STREET ADDRESS	1540 STONEBRIAR RD.	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, TERRY	
STREET ADDRESS	4409 BLUFF AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST EVANS	
STREET ADDRESS	5341 Jullington Ridge Dr.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary J. Rose	
STREET ADDRESS	48 River Rd	
CITY-ST-ZIP	Orange Park, FL 32073	

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:

*Rosemary J. Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/05*  
Date  
*(904) 317-2141*  
Daytime Phone #