


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90070 002 \*\*\*\*61.25

<b>DOCUMENT # 732979</b> 1. Entity Name <b>THE NORTH FLORIDA BLUE GRASS ASSOCIATION INC.</b>					
Principal Place of Business <b>7935 CEZANNE DR N JACKSONVILLE, FL 32221</b>			Mailing Address <b>PO BOX 2830 ORANGE PARK, FL 32067 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0173740</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROYAL, JANE B 7935 CEZANNE DR N JACKSONVILLE, FL 32221</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <u>Jane B. Royal</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Jane B. Royal</u> <u>2/6/2007</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD VANDERBILT TOBY 1540 STONEBRIDGE RD. GREEN COVE SPRINGS, FL 32043</del> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SPENCE, S. CABLE 445 BAY POINT WAY NORTH Jacksonville, FL 32259</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROYAL, JANE B 7935 CEZANNE DR N JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>R RAY, RICK 331 FISH HALL RD BRUNSWICK, GA 31523</del> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (VP D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>COMER, RENDALL 812 BLACKSMITH PLACE Bryceville, FL 32009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEDFOED, TONI 16078 MANGELS LANE Jacksonville, FL 32226</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEDFOED, DOUG 16078 MANGELS LANE Jacksonville, FL 32226</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CROSS, PHIL 410 N. LAKEVIEW AVE. WINTER GARDEN, FL 34787</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Jane B. Royal</u> <u>SECY-TREAS. 2/6/2007</u> <u>904-781-0373</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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