

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 045 ****61.25

DOCUMENT # 732979

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



Principal Place of Business
7935 CEZANNE DR N
JACKSONVILLE, FL 32221

Mailing Address
PO BOX 2830
ORANGE PARK, FL 32067 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0173740

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

ROYAL, JANE B
7935 CEZANNE DR N
JACKSONVILLE, FL 32221

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, 2008

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 P
NAME SPENCE, CABLE S ☒ Delete
STREET ADDRESS 445 BAY POINT WAY N.
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE STD
NAME ROYAL, JANE B ☐ Delete
STREET ADDRESS 7935 CEZANNE DR N
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE V
NAME COMER, RENDALL ☒ Delete
STREET ADDRESS 812 BLACKSMITH PLACE
CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE D
NAME LEDFORD, TONI ☒ Delete
STREET ADDRESS 16078 MANGELS LANE
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE D
NAME LEDFORD, DOUG ☒ Delete
STREET ADDRESS 16078 MANGELS LANE
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE D
NAME CROSS, PHIL ☒ Delete
STREET ADDRESS 410 N. LAKEVIEW AVE.
CITY-ST-ZIP WINTER GARDEN, FL 34787

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☒ Addition
NAME VANDERBILT, TONY
STREET ADDRESS 1540 STONEBRIAR RP.
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☒ Addition
NAME EVANS, ERNIE
STREET ADDRESS 5341 JULINGTON RIDGE DR.
CITY-ST-ZIP Jacksonville, FL 32258

TITLE D ☒ Change ☒ Addition
NAME HENDERSON, AL
STREET ADDRESS 4934 PHIL ROSE DR.
CITY-ST-ZIP Jacksonville, FL 32217

TITLE D ☒ Change ☒ Addition
NAME WILLIAMSON, DANNY
STREET ADDRESS 8853 QUAIL ROOST TRAIL
CITY-ST-ZIP Jacksonville, FL 32220

TITLE D ☒ Change ☒ Addition
NAME SPENCE, CABLE
STREET ADDRESS 445 BAY POINT WAY N.
CITY-ST-ZIP Jacksonville, FL 32259

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.

SIGNATURE: RY: Jane B. Royal *2/18/2008* *(904) 781-0373*
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Secy/Treas.