


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 025 ****61.25

DOCUMENT # 736343 1. Entity Name MCDONALD'S JACKSONVILLE CO-OP ADVERTISING ASSOCIATION, INC.					
Principal Place of Business 428 WALNUT ST GREEN COVE SPRINGS, FL 32043			Mailing Address 428 WALNUT ST GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1723976	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUVAL, STEPHEN J CPA 428 WALNUT ST GREEN COVE SPRINGS, FL 32043				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMEEN, DAVID		NAME		
STREET ADDRESS	3792 WATERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINICK, LENNY		NAME		
STREET ADDRESS	389 HOPE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	PLEASE SEE ATTACHED	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTAPOW, MICHAEL JR		NAME		
STREET ADDRESS	4974 SW 91ST DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEURMAN, KATHLEEN		NAME		
STREET ADDRESS	944 MAPLE RIDGE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEY, RICK		NAME		
STREET ADDRESS	1512 RIVER OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	BLACKSHEAR, GA 31516		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISANTE, THOMAS		NAME		
STREET ADDRESS	130 NEW BERLIN RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
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: <u><i>James M. Lane, Treasurer 4/9/04</i></u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

54032276

Attachment

McDonald's Jacksonville Co-op Advertising Association, Inc.
Document #736343

**PLEASE DELETE THE ENTIRE LIST FOR LINE 10 AND REPLACE IT WITH THE
FOLLOWING CURRENT ROSTER OF OFFICERS AND DIRECTORS:**

PD

Mullins, Dave
12276 San Jose Blvd., Suite 311
Jacksonville, FL 32223

VPD

Ameen, David
3792 Waterside Dr.
Orange Park, FL 32073

SD

Moreland, Debbie
8081 Normandy Blvd., #6
Jacksonville, FL 32247

TD

Van Laere, Jim
1921 Lake Forest Lane
Orange Park, FL 32003

D

Potapow, Michael, Jr.
3936 SW 89th Dr.
Gainesville, FL 32608

D

Guske, Jacques
4325 Harbour Island Dr.
Jacksonville, FL 32225

D

Fey, Rick
1512 N. River Oaks Dr.
Blackshear, GA 31516

D

Klinck, Lenny
205 Water Way, Suite 1
St. Augustine, FL 32086

D

Lisante, Thomas
130 New Berlin Rd.
Jacksonville, FL 32218

D

Motley, Dave
319 Rosedale Place
Valdosta, GA 31602