

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90032 018 ****61.25

DOCUMENT # 739228

1. Entity Name

JACKSONVILLE ARTIFICIAL REEF, INC.



Principal Place of Business

P O BOX 331185
ATLANTIC BEACH FL 32233
US

Mailing Address

P O BOX 331185
ATLANTIC BEACH FL 32233
US

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

59-1743443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARNER, CHUCK
11448 SCOTT MILL RD.
JACKSONVILLE FL 32223

Name

GARY - NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

6149 THISTLEDOWN RD

City

JACKSONVILLE

FL

Zip Code

32277

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

Gary Newman

GARY J. NEWMAN

3-4-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D MCGOWAN, EDDIE	<input type="checkbox"/> Delete
STREET ADDRESS	4726 HARPERS FERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	PD DARNER, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	11448 SCOTT MILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	D BANKS, JOHNNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2037 RYAR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE NAME	T MURPHY, EMILY	<input type="checkbox"/> Delete
STREET ADDRESS	1430 RIVER HILLS CR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE NAME	D MOLLOY, GREG	<input type="checkbox"/> Delete
STREET ADDRESS	103 CENTURY 21 DRIVE, #103	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE NAME	D KALAKAUSKIS, ED	<input type="checkbox"/> Delete
STREET ADDRESS	1207 ARUBA COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32226	

TITLE NAME	S MARGARET HACKBART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	931 STONE HARBOR DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	D DARNER, CHUCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11448 SCOTT MILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	PD GARY NEWMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6149 THISTLEDOWN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

Margaret Anne Hackbart **MARGARET-ANNE HACKBART**

3/4/2004

270-4318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #