## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#739228**

FILED Mar 07, 2005 Secretary of State

Entity Name: JACKSONVILLE ARTIFICIAL REEF, INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 331185 ATLANTIC BEACH, FL 32233 US **Current Mailing Address: New Mailing Address:** P O BOX 331185 ATLANTIC BEACH, FL 32233 US FEI Number: 59-1743443 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWMAN, GARY 6149 THISTLE DOWN RD JACKSONVILLE, FL 32277 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MCGOWAN, EDDIE Name: Name: 4726 HARPERS FERRY LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: DARNER, CHUCK Name: HACKBART, MARGARET Address: 11448 SCOTT MILL RD Address: 931 STONE HARBOR DR City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32225 Title: PD() Delete Title: () Change () Addition NEWMAN, GARY Name: Name: 6149 THISTLEDOWN RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MURPHY, EMILY Name: Name: 1430 RIVER HILLS CR Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MOLLOY, GREG PARKER, DAN Name: Name: 103 CENTURY 21 DRIVE, #103 12344 DEL RIO DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32258 Title: () Delete Title: () Change () Addition KALAKAUSKIS, ED Name: Name: Address: 1207 ARUBA COURT Address: JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET HACKBART D 03/07/2005