

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739228

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: JACKSONVILLE ARTIFICIAL REEF, INC.

**Current Principal Place of Business:**

MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 331185  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

FEI Number: 59-1743443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGOWAN, EDDIE  
4726 HARPERS FERRY LN  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MCGOWAN, EDDIE  
Address: 4726 HARPERS FERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: PROESCHER, TINA  
Address: 12772 LANIER ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete  
Name: ROONEY, CHRIS  
Address: 1762 BRANCH VINE DR W  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: GRASSI, FRANK  
Address: 9434 GENNA TRACE TR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: ST LAURENT, PETER  
Address: 914 MISTY MOUNTAIN DR W  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DAVIS, JENNIFER  
Address: 10870 HOOFF PRINT DR E  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TINA PROESCHER

D

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date