## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739228** 

FILED Mar 06, 2009 Secretary of State

Entity Name: JACKSONVILLE ARTIFICIAL REEF, INC.

Current Principal Place of Business: New Principal Place of Business:

MAYPORT ROAD AI

ATLANTIC BEACH, FL 32233 US 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:

MCGOWAN, EDDIE

4726 HARPERS FERRY LN

JACKSONVILLE, FL 32257 US

ROONEY, CHRISTOPHER

1762 BRANCH VINE DR W

JACKSONVILLE, FL 32246 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: CHRISTOPHER ROONEY 03/06/2009

Electronic Signature of Registered Agent Date

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

Title: P () Delete Title: P (X) Change () Addition

Name:MCGOWAN, EDDIEName:ROONEY, CHRISAddress:4726 HARPERS FERRY LANEAddress:1762 BRANCH VINE DR W

Address: 4/26 HARPERS FERRY LANE Address: 1/62 BRANCH VINE DR W
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PROESCHER, TINA
 Name:

 Address:
 12772 LANIER ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ROONEY, CHRIS
 Name:
 COOK, DON

 Address:
 1762 BRANCH VINE DR W
 Address:
 2217 IVYGAIL DR E

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: S () Delete Title: () Change () Addition

 Name:
 DAVIS, JENNIFER
 Name:

 Address:
 10870 HOOF PRINT DR E
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

Name: ST LAURENT, PETER Name: DAVID, LEIGH

 Address:
 914 MISTY MOUNTIAN DR W
 Address:
 10870 HOOF PRINT DR E

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 3225

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 TREA 03/06/2009