

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90264 014 ****61.25

DOCUMENT # 739774 1. Entity Name GREATER JACKSONVILLE RACING PIGEON CLUB, INC.					
Principal Place of Business 7338 OLD PLANK RD JACKSONVILLE, FL 32218 US			Mailing Address 8434 BARCELONA AVE ORANGE PARK, FL 32073 US		
2. Principal Place of Business <i>7338 Old Plank Road</i> Suite, Apt. #, etc. <i>Jacksonville, FL</i> City & State			3. Mailing Address Suite, Apt. #, etc. City & State		
Zip <i>32220</i>		Country <i>US</i>		4. FEI Number 59-2002413	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PETZEL, R J 8434 BARCELONA AVE ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETZEL, R.J. 8434 BARCELONA AVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PETZEL, IONE J 8434 BARCELONA AVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, FRED 3726 GRANDY AVE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLDEN, WAYNE 7120 AUGUSTA DR. GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD J. Glenn Shrader 4135 Creekbluff Dr. St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Ione J. Petzel</i></u> Ione J. Petzel <u>4/26/04</u> <u>904/264-9553</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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