

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 003 ****61.25

DOCUMENT # 739774

1. Entity Name
GREATER JACKSONVILLE RACING PIGEON CLUB, INC.



Principal Place of Business
**7338 OLD PLANK ROAD
JACKSONVILLE, FL 32220 US**

Mailing Address
**8434 BARCELONA AVE
ORANGE PARK, FL 32073 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2002413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETZEL, R.J.	
STREET ADDRESS	8434 BARCELONA AVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PETZEL, IONE J	
STREET ADDRESS	8434 BARCELONA AVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIEL, FRED	
STREET ADDRESS	3726 GRANDY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHRADER, J. GLENN	
STREET ADDRESS	4135 CREEK BLUFF DR.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Shelton	
STREET ADDRESS	2424 Peach Drive	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ione J. Petzel Ione J. Petzel

3/27/06

904-264-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #