


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 016 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2002413	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETZEL, R J 8434 BARCELONA AVE ORANGE PARK, FL 32073				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2008		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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD
NAME	PETZEL, R.J.			NAME	J. Glenn Shrader
STREET ADDRESS	8434 BARCELONA AVE			STREET ADDRESS	4135 Creek bluff Dr.
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	DT	<input type="checkbox"/> Delete		TITLE	
NAME	PETZEL, IONE J			NAME	
STREET ADDRESS	8434 BARCELONA AVE			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	POVANDA, STEPHEN A IV			NAME	
STREET ADDRESS	714 BONAPARTE DR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	SHELTON, GLEN			NAME	
STREET ADDRESS	2424 PEACH DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Jose J. Petzel</i> <i>Ione J. Petzel</i>				4-18-08 904-264-9553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	