

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90031 030 ****61.25

DOCUMENT # 752322

1. Entity Name

EXECUTIVES' ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business

10139 CROSS GREEN WY
JACKSONVILLE FL 32256-7101
US

Mailing Address

10139 CROSS GREEN WY
JACKSONVILLE FL 32256-7101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0237225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEVERANCE, JAY L JR
10139 CROSS GREEN WAY
~~STE 4~~
JACKSONVILLE FL 32256-7101

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME SCARLETT, STAN ☐ Delete
STREET ADDRESS 4540 SOUTHSIDE BLVD., #902
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE PD ☒ Change ☐ Addition
NAME Stan Storey
STREET ADDRESS PO Drawer 40490
CITY-ST-ZIP Jacksonville FLA 32203

TITLE ED ☐ Delete
NAME SEVERANCE, JAY L JR
STREET ADDRESS 10139 CROSS GREEN WAY
CITY-ST-ZIP JACKSONVILLE FL 32256-7101
same

TITLE ED ☐ Change ☐ Addition
NAME (same)
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME STONE, MARK
STREET ADDRESS 4148 HERSCHEL ST
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VP-D ☒ Change ☐ Addition
NAME Jerry Cafield
STREET ADDRESS 9770 Old Baymeadows Rd.
CITY-ST-ZIP Jacksonville, Fla. 32256

TITLE ST ☐ Delete
NAME PETERS, BILLY
STREET ADDRESS 1906 PARENTAL HOME ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SD ☒ Change ☐ Addition
NAME TIM Cutting
STREET ADDRESS 3802 Beach Blvd.
CITY-ST-ZIP Jacksonville 32207

TITLE TD ☐ Delete
NAME GARRARD, JAY CPA
STREET ADDRESS 6828 ST. AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32217
same

TITLE TD ☐ Change ☐ Addition
NAME (same)
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-04 (904) 646-1993