

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

DOCUMENT # 761640

1. Entity Name

LES CHATEAUX OF JACKSONVILLE, INC.



FILED

09 MAY 22 AM 10:49



Principal Place of Business

Mailing Address

7201 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

7201 ARLINGTON EXPRESSWAY
ATT OFFICE
JACKSONVILLE FL 32211

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2221206

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

HOLBROOK, H. LEON III
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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

Sign date, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008 1009

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 P ☐ Delete
NAME MOORE, MICHAEL L
STREET ADDRESS 7201 ARLINGTON EXPRESSWAY
CITY- ST- ZIP JACKSONVILLE FL 32211-5973

TITLE ☐ Change ☐ Addition
NAME 400156315224
STREET ADDRESS 05/22/09--01010--010 ***\$1.25
CITY- ST- ZIP

TITLE T ☐ Delete
NAME MOORE, LINDSEY
STREET ADDRESS 7201 ARLINGTON EXPRESSWAY
CITY- ST- ZIP JACKSONVILLE FL 32211-5973

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

TITLE MBR ☐ Delete
NAME STOKES-BERRY, APRIL
STREET ADDRESS 5050 NC HWY 32
CITY- ST- ZIP PLYMOUTH NC 27962

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 exemptions contained in Section 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:

MA Moore 4/27/09 MICHAEL L. MOORE

904-724-3318