

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 030 ****61.25

DOCUMENT # 764329

1. Entity Name
JACKSONVILLE MARINE CHARITIES, INC.



Principal Place of Business
**8203 HECKSCHER DR
JACKSONVILLE, FL 32226 US**

Mailing Address
**8203 HECKSCHER DR
JACKSONVILLE, FL 32226 US**

00001000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2425132

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HOULD, STEVE
9200 THIRD ST
NEPTUNE BEACH, FL 32266**

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 \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CBOD
HOULD, STEPHEN A
920-D THIRD STREET
NEPTUNE BEACH, FL 32266** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CBOD
JOHN PATRICK
101 RITA RAE LANE
JAX BCH, FL 32250** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
WHITTAKER, BILL
11749 MANADARIN FOREST DRIVE
JACKSONVILLE, FL 32223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
SUSIE SLAPPY
4661 EMPIRE AVE
JAX FL 32207** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DISALVO, CARL
13673 MALLORCA DR
JACKSONVILLE, FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARL DISALVO
9160 SUGARLAND DR
JAX FL 32256** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GIPSON, BOB
14660 STACEY RD
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PEGGY COLLINS
3943 ST ISABEL DR E
JAX FL 32207** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
WHEELER, MIKE
8203 HECKSCHER DRIVE
JACKSONVILLE, FL 32226** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

Date

904 251-3011

Daytime Phone #