

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-18-2008 90009 022 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N00000000627					
1. Entity Name JAX AREA AD ASSOCIATION, INC.					
Principal Place of Business 1417 SADLER ROAD FERNANDINA BEACH FL 32034			Mailing Address 1417 SADLER ROAD FERNANDINA BEACH FL 32034		
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	4. FEI Number 59-3619415	
				☐ 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		
EVATT, TONI 1417 SADLER ROAD FERNANDINA BEACH FL 32034			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 <u><i>Toni Evatt</i></u> <u><i>Toni EVATT</i></u> DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature is not required when renewing)					
FILE NOW FEE IS \$61.25 Due By: May 1, 2008		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	TITLE	☐ Change ☐ Addition	
NAME	LOFTIS, PETE		NAME		
STREET ADDRESS	1015 ATLANTIC BLVD		STREET ADDRESS		
CITY - ST - ZIP	ATLANTIC BEACH FL 32233		CITY - ST - ZIP		
TITLE	V	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	NUNNERY, DOUG		NAME	PRESIDENT NUNNERY, DOUG	
STREET ADDRESS	5000-18 HWY 17		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK FL 32073		CITY - ST - ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EVATT, TONI		NAME		
STREET ADDRESS	1417 SADLER RD.		STREET ADDRESS		
CITY - ST - ZIP	FERNANDINA BEACH FL 32034		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	SECRETARY RON CASSETTE	
STREET ADDRESS			STREET ADDRESS	5800 BEACH BLVD ST-203	
CITY - ST - ZIP			CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 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: <u><i>Toni Evatt</i></u> <u><i>Toni EVATT</i></u> <u><i>3-7-08</i></u> <u><i>904-277-0820</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					