

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000644

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

**Current Principal Place of Business:**

P.O. BOX 2438  
JACKSONVILLE, FL 322032438 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2438  
JACKSONVILLE, FL 322032438 US

**New Mailing Address:**

FEI Number: 48-0993627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAZUK, JOHN PRES.  
10200 BELLE RIVE BLVD  
APT 136  
JACKSONVILLE, FL 322032438 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: COATS, ELAINE  
Address: NASSAU COUNTY CLERKS OF COURTS - N 14TH ST  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DIR ( ) Delete  
Name: ADKINS, TONY  
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: DIR ( ) Delete  
Name: SHIGO, JOYCE A  
Address: XPRESS IT OFFICE PROD - 3904 ST. JOHNS AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: PRES ( ) Delete  
Name: LAZUK, JOHN CRM  
Address: 10200 BELLE RIVE BLVD, APT 136  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR ( ) Delete  
Name: SCOTT, MARLENE  
Address: ED COM CU - 623 N. MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DIR ( ) Delete  
Name: HASKINS, JENNIFER  
Address: INFOGUARD - 6595 PRITCHARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: COATS, ELAINE  
Address: NASSAU COUNTY CLERKS OFFICE - PO BOX 456  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DIR (X) Change ( ) Addition  
Name: ATKINS, TONY  
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: DIR (X) Change ( ) Addition  
Name: NEVLING, SHARON  
Address: PO BOX 2438  
City-St-Zip: JACKSONVILLE, FL 32203

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: SCOTT, MARLENE  
Address: ED COM CU - 637 N LEE STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE SCOTT

DIR

02/02/2004

Electronic Signature of Signing Officer or Director

Date