


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002361</b> 1. Entity Name <b>THE AMELIA ISLAND CONCOURS D'ELEGANCE FOUNDATION, INC.</b>	
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Principal Place of Business <b>2970 MERCURY ROAD JACKSONVILLE, FL 32207</b>	Mailing Address <b>2970 MERCURY ROAD JACKSONVILLE, FL 32207</b>
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03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3643911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORGAN, ROBERT M ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE


<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, WILLIAM C 2970 MERCURY ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DROLSOM, GEORGE 14101 MANDARIN ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEEDY, DAVID B 3101 SOUTHERN HILLS CIRCLE WEST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTNOY, JAY R 9283 SAN JOSE BLVD, SUITE 101 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, JACK 10754 SCOTT MILL ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSS, JOHN 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

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03/10/05-80025-008 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to an address with all other like empowered.

SIGNATURE:  **3/09/05 904-737-944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #