


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90268 047 ****61.25

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|---|---|---|---|--|--|
| DOCUMENT # N00000008555 1. Entity Name CNBB, INC. | | | |  | |
| Principal Place of Business 100 BELL TEL WAY STE 100 JACKSONVILLE FL 32216 | | | | Mailing Address 100 BELL TEL WAY STE 100 JACKSONVILLE FL 32216 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3694212 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILKINSON, SUSAN DR 100 BELL TEL WAY STE 100 JACKSONVILLE FL 32216 | | | | 7. Name and Address of New Registered Agent Name CONNIE STOPHEL Street Address (P.O. Box Number is Not Acceptable) 100 Bell Tel Way Suite 100 City JACKSONVILLE FL Zip Code 32216 | |
| 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 Connie S. Stophel CONNIE S. STOPHEL DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | C WILKINSON, SUSAN DR 100 BELL TEL WAY STE 100 JACKSONVILLE FL 32216 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC BETHEA, MARY 23 SOUTH GREEN STREET GREEN COVE SPRINGS FL 32043 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, ELIZABETH I 3189 DOCTORS LAKE DRIVE ORANGE PARK FL 32073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LISLE, MICHAEL P. O. BOX 15967 FERNANDINA BEACH FL 32035 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHRISTOPHER MARTIN 400 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORTHEY, JIM 1201 ATLANTIC AVENUE FERNANDINA BEACH FL 32034 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONNIE STOPHEL 100 BELL TEL WAY, STE. 100 JACKSONVILLE, FL 32216 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OWENS, DAVID 900 WALNUT STREET GREEN COVE SPRINGS FL 32043 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: Connie S. Stophel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | CONNIE S. STOPHEL <small>Date</small> 904-726-1500 <small>Daytime Phone #</small> | | |