


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000340**  
 1. Entity Name  
**JACKSONVILLE CIRCUIT OUTREACH COUNCIL, INC.**



Principal Place of Business 12200 MCCORMICK DR JACKSONVILLE, FL 32225	Mailing Address 12200 MCCORMICK DR JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3693859	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIEWERT, DARYL A  
 5093 LINCOLNSHIRE ROAD  
 JACKSONVILLE, FL 32217

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SIEWERT, DARYL A 5093 LINCOLNSHIRE RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DUPLISEA, MEL 1580 PANTHER RIDGE COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HUBER, PAUL F 802 NORTH 4TH ST. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV KAPPEL, MARC A 3261 AVALON DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/04-80042-001 61.25

**DO NOT WRITE IN THIS SPACE**

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:** M. F. Duplisa MEL DUPLISEA 1-13-04 538-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #