


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
12200 MCCORMICK DR **12200 MCCORMICK DR**
JACKSONVILLE, FL 32225 **JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent
SIEWERT, DARYL A
5093 LINCOLNSHIRE ROAD
JACKSONVILLE, FL 32217

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

Filing Fee is \$61.25
Due by May 1, 2005

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 902 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	

000000197395
 01/27/05-80010-006 61.25

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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 with an address, with all other like empowered.

SIGNATURE: M. F. Duplisa MEL DUPLISEA 1-24-05 904-538-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #