

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001571

FILED
Jul 07, 2004
Secretary of State

Entity Name: SAIL JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

1506 PRUDENTIAL DRIVE
SUITE 102
JACKSONVILLE, FL 32207

New Principal Place of Business:

12644 HIDDEN CIRCLE WEST
JACKSONVILLE, FL 32225

Current Mailing Address:

1506 PRUDENTIAL DRIVE
SUITE 102
JACKSONVILLE, FL 32207

New Mailing Address:

12644 HIDDEN CIRCLE WEST
JACKSONVILLE, FL 32225

FEI Number: 57-1151842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, DENNIS L
1506 PRUDENTIAL DRIVE
SUITE 102
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

ANDERSON, GARY L
12644 HIDDEN CIRCLE WEST
JACKSONVILLE, FL 32225

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: GARY L. ANDERSON

07/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, GARY L
Address: 12644 HIDDEN CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: SELF, LYNETTE
Address: 5635 CLIFTON LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: PLUMMER, CHRISTINE M
Address: 12644 HIDDEN CIR. W.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GARY L. ANDERSON

PD

07/07/2004

Electronic Signature of Signing Officer or Director

Date