


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90301 020 ****61.25

DOCUMENT # N02000004850 1. Entity Name BETTER BAYMEADOWS, INC.					
Principal Place of Business 8130 BAYMEADOWS WAY WEST STE 304 JACKSONVILLE, FL 32256			Mailing Address 9838 OLD BAYMEADOWS ROAD # 305 JACKSONVILLE, FL 32256-8101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0615847	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EVANS, VALERIE 8130 BAYMEADOWS WAY WEST STE 304 JACKSONVILLE, FL 32256				Name DAVID McVEY Street Address (P.O. Box Number is Not Acceptable) 8130 BAYMEADOWS WAY WEST JACKSONVILLE City FL Zip Code 32256	
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: <i>David McVey</i> DAVID McVEY <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/25/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	D MITCHELL, KELLYE 8855 SANCHEZ ROAD JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE CONTINUATION SHEET	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUS, JOHN 7575 BAYMEADOWS WAY JACKSONVILLE, FL 32256	<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	D MARTIN, R. KEVIN 8787 BAYPINE ROAD, 4-1-C135 JACKSONVILLE, FL 32256	<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	D HALE, JACK 9239 CARNOUSTIE LANE JACKSONVILLE, FL 32256	<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	D BREEDLOVE, VICKIE 8537 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256	<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	D RIKI, BARAV 8130 BAIMEADOWS WAY, WEST JACKSONVILLE, FL 32256	<input 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: <i>Vickie Breedlove</i> VICKIE Breedlove 4/26/05 904-610-1147 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40068531

CONTINUATION SHEET

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
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BETTER BAYMEADOWS, INC.**

BLOCK 11: (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10)

TITLE	D	<u>X</u> ADDITION
NAME	McCORMACK, VINCE	
STREET ADDRESS	8443 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	D	<u>X</u> ADDITION
NAME	PURVIS, III, COEN	
STREET ADDRESS	8917 WESTERN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	D	<u>X</u> ADDITION
NAME	HUNTER, LEWIS	
STREET ADDRESS	4201 BAYMEADOWS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	

TITLE	D	<u>X</u> ADDITION
NAME	GAZES, CHRIS	
STREET ADDRESS	8186 BAYMEADOWS WAY WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	D	<u>X</u> ADDITION
NAME	THOMPSON-BAILEY, BARBARA	
STREET ADDRESS	6950 PHILIPS HWY.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

TITLE	D	<u>X</u> ADDITION
NAME	PENNINGTON, VICTORIA	
STREET ADDRESS	7735 TIMBERLIN PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	D	<u>X</u> ADDITION
NAME	WHEELER, BRIAN	
STREET ADDRESS	9250 CYPRESS GREEN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	