

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005957

FILED
Apr 09, 2006
Secretary of State

Entity Name: NORTH FLORIDA CHRISTIAN BASS CLUB, INC.

Current Principal Place of Business:

11476 PRINCESSA LN
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11476 PRINCESSA LN
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 57-1136243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, BRIAN I
11476 PRINCESSA LN
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERS, BRIAN I
Address: 11476 PRINCESSA LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: PILKINGTON, GLENN
Address: 5460 CONNIE JEAN RD
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD () Delete
Name: PETERS, WES
Address: 8433 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: RAULERSON, ALLEN
Address: 11418 PRINCESSA LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: C () Delete
Name: HARDY, HAROLD K III
Address: 2339 ARDMORE CT
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PILKINGTON, GLENN
Address: 5460 CONNIE JEAN RD
City-St-Zip: JACKSONVILLE, FL 32222

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 Chapter 119, 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: BRIAN I PETERS

PD

04/09/2006

Electronic Signature of Signing Officer or Director

Date