

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007581

FILED
Apr 08, 2004
Secretary of State

Entity Name: LEE BULLS ATHLETIC CLUB INC.

Current Principal Place of Business:

313 E 10 ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3664
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 13-4212841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID L
333 LAURINA STREET
111
JACKSONVILLE, FL 32206

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: D () Delete
Name: JONES, DAVID L
Address: P.O. BOX 13193
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MCNAIR, ANTONIO
Address: 1131 FLORIDA AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: NEAVINS, TONYA
Address: 7374 JOHN F KENNEDY DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: JOHNSON, KARENA
Address: P.O. BOX 3664
City-St-Zip: JACKSONVILLE, FL 32206

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:

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: DAVID L. JONES

DIR

04/08/2004

Electronic Signature of Signing Officer or Director

Date