## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007581

City-St-Zip: JACKSONVILLE, FL 32206

Entity Name: LEE BULLS ATHLETIC CLUB INC

FILED Apr 25, 2005 Secretary of State

Entity Name: LEE BULLS ATHLETIC CLUB INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
313 E 10 ST JACKSONVILLE, FL 32206				333 LAURINA STREET #111 JACKSONVILLE, FL 32216		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX ( JACKSON	3664 VILLE, FL 322	206				
FEI Number: 13-4212841 FEI Number Applied For ( )			FEI Number Not Appl	lumber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
111	AVID L INA STREET VILLE, FL 322	206 US				
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( JONES, DAVID P.O. BOX 1319 JACKSONVILL	3	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( MCNAIR, ANTO 1131 FLORIDA JACKSONVILL	AVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( NEAVINS, TON 7374 JOHN F I JACKSONVILL	ENNEDY DR	Title: Name: Address: City-St-Zip:		(X) Change ()Addition OHN ON PARK COURT ILLE, FL 32218	
Title: Name: Address:	D ( JOHNSON, KA P.O. BOX 3664		Title: Name: Address:	D MILLIGAN, I 2741 ACOR	(X) Change ()Addition RONALD N PARK DRIVE	

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.

City-St-Zip: JACKSONVILLE, FL 32218

SIGNATURE: DAVID L. JONES DIR 04/25/2005