2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007668

FILED Jun 15, 2004 Secretary of State

Entity Name: GREATER JACKSONVILLE DISC AND DOG CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 118 W ADAMS ST STE 600 220 EAST FORSYTH STREET JACKSONVILLE, FL 32202 SOUTH SUITE JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 118 W ADAMS ST STE 600 JACKSONVILLE, FL 32202 FEI Number: 65-1167887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW TECH PA LAW TECH LLC 220 EAST FORSYTH STREET 118 W ADAMS ST STE 600 JACKSONVILLE, FL 32202 SOUTH SUITE JACKSONVILLE, FL 32202 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: COLIN C. MAILLOUX 06/15/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAILLOUX, COLIN Name: Name: 3898 VALENCIA ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: V/D () Delete Title: V/D (X) Change () Addition GOLDBERG, LARA Name: Name: MENTZ, BOB Address: 12373 MASTIN COVE ROAD Address: 1575 BAY HARBOR DRIVE City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: ORANGE PARK, FL 32003 Title: T/D () Delete Title: () Change () Addition SCHARF, BRAM Name: Name: 10220 TREVOR CREEK DR E Address: Address: City-St-Zip: JACKSONVILLLE, FL 32257 City-St-Zip: Title: S/D () Delete Title: S/D (X) Change () Addition MAILLOUX, SUZANNE Name: PERRY, TRACY Name: Address: 229 MAGNOLIA STREET Address: 3898 VALENCIA ROAD City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE, FL 32205

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: COLIN C. MAILLOUX P/D 06/15/2004