2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90019 047 ****61.25

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DOCUMENT # N02475

1. Entity Name
JACKSONVILLE SKI CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 551352 JACKSONVILLE, FL 32255	P.O. BOX 551352 JACKSONVILLE, FL 32255

03292004 Chg-NP CR2E037 (10/03)

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 59-3308912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THAMES, LEE 12918 RIVERMIST WAY JACKSONVILLE, FL 32224	Name: Linda Walker Street Address (P.O. Box Number is Not Acceptable): 133 Beachside Drive City: Ponte Vedra Beach **FL** Zip Code: 32082

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: Linda D. Walker Linda D. Walker, Treasurer 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD DAVIS, HAL 2223 HERSCHEL ST. JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALKER, LINDA 4207 RICHMOND PK.DR E. JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kathy Shirley 3600 River Hall Drive Jacksonville, FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THAMES, LEE 12918 RIVERMIST WAY JACKSONVILLE, FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Linda Walker 133 Beachside Drive Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPM EVAN, SALLY 1641 MISTY LAKE DRIVE ORANGE PARK, FL 32003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPM Kelly Raven 6712 Nightingale Road S. Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPE SMIGELSKY, PAM 9349 CRYSTAL SPRINGS RD. JACKSONVILLE, FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPE Barbara Wilson 7901 Baymeadows Cir. E. #419 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPM SHIRLEY, KATHY 3600 RIVER HALL DRIVE JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Bruce Duggar 8176 Jamaica Road, S. Jacksonville, FL 32216	☐ Change ☒ 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: Hal S. Davis Hal S. Davis 3/31/04 904-387-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #