

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000001



1. Entity Name

LOOP NATIONAL ADVERTISING FUND, INC.

Principal Place of Business

ONE SAN JOSE PLACE STE 1
JACKSONVILLE FL 32257

Mailing Address

ONE SAN JOSE PLACE STE 1
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3768217

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHNEIDER, GEORGE M
ONE SAN JOSE PL, STE 1
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE D ☐ Delete
NAME SCHNEIDER, GEORGE M
STREET ADDRESS ONE SAN JOSE PLACE STE 1
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete
NAME STARBUCK, J MARK
STREET ADDRESS ONE SAN JOSE PLACE STE 1
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete
NAME GAY, SANDRA D
STREET ADDRESS ONE SAN JOSE PLACE STE 1
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY - ST - ZIP

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: *George M. Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

904-268-2609

Daytime Phone