

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006115

FILED
Jan 12, 2004
Secretary of State

Entity Name: M.A.D. D.A.D.S., JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

555 STOCKTON ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

555 STOCKTON ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 43-1987302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOY, DONALD
555 STOCKTON ST
JACKSONVILLE, FL 32204 US

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: DP () Delete
Name: MCLAUGHLIN, VAUGHN
Address: 5732 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32204

Title: DA () Delete
Name: HAYLE, R, PATRICK
Address: 426 S MCDUFF AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DP () Delete
Name: TAYLOR, BRACY
Address: 859 TORTOISE WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP () Delete
Name: ANDREWS, W.A.
Address: 5861 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DP () Delete
Name: ROLLINSON, HAROLD
Address: 220MILLS CREEK RD
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP () Change (X) Addition
Name: WILLIAMS, REGINIA MRS.
Address: 5732 NORMANDY BLVD. #9
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: HAROLD ROLLINSON

DP

01/12/2004

Electronic Signature of Signing Officer or Director

Date