


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90086 009 ****61.25

DOCUMENT # N03000008980					
1. Entity Name JOHN GRAHAM FIRST COAST RUGBY FOUNDATION, INC.					
Principal Place of Business 4432 HENDRICKS AVENUE JACKSONVILLE, FL 32207			Mailing Address 4432 HENDRICKS AVENUE JACKSONVILLE, FL 32207		
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 20-0341005				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLEDSOE, JAMES A JR, ESQ 1301 RIVERPLACE BLVD SUITE 1818 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME ALEXANDER, DONALD J DDS STREET ADDRESS 1405 PINETREE RD CITY - ST - ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE D NAME ALEXANDER, DONALD J DDS STREET ADDRESS 3784 CATHEDRAL OAKS CITY - ST - ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LYNCH, STEPHEN J STREET ADDRESS 1352 PINWOOD RD CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BRUMFELD, TOMAS A STREET ADDRESS 4201 SAN PABLO ROAD CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GRAHAM, ARTHUR L STREET ADDRESS 15 N 16TH AVENUE CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME TRIBBEY, ROBERT A STREET ADDRESS 1952 SEAGULL COVE CITY - ST - ZIP NEPTUNE BEACH, FL 32250	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4-13-05 (904) 737-7373		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		