

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009814

FILED
Apr 29, 2008
Secretary of State

Entity Name: JACKSONVILLE AREA SHIP REPAIR ASSOCIATION, INC.

Current Principal Place of Business:

BLDG 1933, BAILEY ROAD
MAYPORT NAVAL STATION
JACKSONVILLE, FL 32228 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280144
JACKSONVILLE, FL 32228 US

New Mailing Address:

FEI Number: 02-0751374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RICHARD K
501 W BAY STREET
JACKSONVILLE, FL 32202 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: D () Delete
Name: BIRTALAN, ROBERT P
Address: 11191 SCHOONER CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MILLION, GARY
Address: 2314 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: O'CONOR, JOE
Address: 350 11TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MR. () Delete
Name: WILSON, ROBERT S
Address: 11608 SEDGEMOORE DR S
City-St-Zip: JACKSONVILLE, FL 32223

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT P BIRTALAN

BOD

04/29/2008

Electronic Signature of Signing Officer or Director

Date