


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90054 012 ****61.25

DOCUMENT # N06000002435 1. Entity Name MATANZAS JEEP 4X4 CLUB, INC.					
Principal Place of Business 128 COWRY ROAD ST. AUGUSTINE, FL 32086			Mailing Address PO BOX 860061 ST. AUGUSTINE, FL 32086-0061		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLALOCK, CLARENCE A II 128 COWRY ROAD ST. AUGUSTINE, FL 32086				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">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, 2007		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	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLALOCK, CLARENCE A II	NAME	Tracy Falby		
STREET ADDRESS	128 COWRY ROAD	STREET ADDRESS	2100 Thorn Hollow Ct.		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	St. Augustine, FL 32092		
TITLE	<input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Ken Kirby		
STREET ADDRESS		STREET ADDRESS	2109 Olde Tyme Ave		
CITY-ST-ZIP		CITY-ST-ZIP	St. Augustine, FL 32084		
TITLE	<input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Jane Edwards		
STREET ADDRESS		STREET ADDRESS	5811 Atlantic Blvd, #61		
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right; font-size: 1.2em;">5/1/07</div> <div style="text-align: right;">904-315-0837</div> <div style="text-align: right; font-size: 0.8em;">Date Daytime Phone #</div>			