

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002435

FILED  
May 01, 2009  
Secretary of State

Entity Name: MATANZAS JEEP 4X4 CLUB, INC.

**Current Principal Place of Business:**

128 COWRY ROAD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 860061  
ST. AUGUSTINE, FL 320860061

**New Mailing Address:**

128 COWRY ROAD  
ST. AUGUSTINE, FL 32086

FEI Number: 02-0772953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BLALOCK, CLARENCE A II  
128 COWRY ROAD  
ST. AUGUSTINE, FL 32086      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: P      ( ) Delete  
Name: BLALOCK, CLARENCE A II  
Address: 128 COWRY ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D      ( ) Delete  
Name: FALBY, TRACEY  
Address: 2100 THORN HOLLOW CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: KIRBY, KEN  
Address: 2109 OLDE TYME AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D      ( ) Delete  
Name: EDWARDS, JANE  
Address: 5811 ATLANTIC BLVD #61  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: BLALOCK, TRACEY  
Address: 2100 THORN HOLLOW CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D      (X) Change ( ) Addition  
Name: BALLARD, GLEN  
Address: 6098 GREEN POND DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D      (X) Change ( ) Addition  
Name: JONES, TREG  
Address: 7905 COLEE COVE RD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: CLARENCE A BLALOCK II

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date