
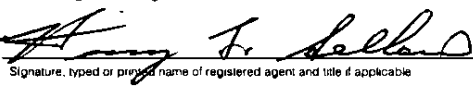
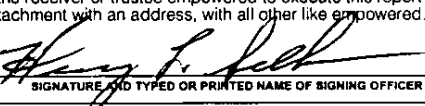


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 037 ****70.00

DOCUMENT # N06000005948 1. Entity Name JACKSONVILLE LAVILLA SPORTSMAN CLUB, INC.					
Principal Place of Business 7977 NEW KINGS RD JACKSONVILLE, FL 32219			Mailing Address 7977 NEW KINGS RD JACKSONVILLE, FL 32219		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> FEI Number 34-2064710	
6. Name and Address of Current Registered Agent MITCHELL, WILLIE C 2754 DELLWOOD AVE JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 				DATE 3/15/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, WILLIE C 2754 DELLWOOD AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELLERS, HENRY 1507 N CARBORDALE AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, JOHN 10352 RED TOP RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, GEORGE 3308 RIBAUT SCENIC DR JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 				DATE 3/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					