

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2064710

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, WILLIE C
2754 DELLWOOD AVE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, WILLIE C
STREET ADDRESS 2754 DELLWOOD AVE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VPD
NAME SELLERS, HENRY
STREET ADDRESS 1507 N CARBORDALE AVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE SD
NAME RILEY, JOHN
STREET ADDRESS 10352 RED TOP RD
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE TD
NAME BELL, GEORGE
STREET ADDRESS 3308 RIBAUT SCENIC DR
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000803971
02/05/08-80049-00470.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/08 904-945-3267