

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005948

FILED
Apr 07, 2009
Secretary of State

Entity Name: JACKSONVILLE LAVILLA SPORTSMAN CLUB, INC.

Current Principal Place of Business:

7977 NEW KINGS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7977 NEW KINGS RD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 34-2064710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, WILLIE C
2754 DELLWOOD AVE
JACKSONVILLE, FL 32205 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: PD () Delete
Name: MITCHELL, WILLIE C
Address: 2754 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD () Delete
Name: SELLERS, HENRY
Address: 1507 N CARBORDALE AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: RILEY, JOHN
Address: 10352 RED TOP RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: BELL, GEORGE
Address: 3308 RIBAUTL SCENIC DR
City-St-Zip: JACKSONVILLE, FL 32208

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: HENY SELLERS

VPD

04/07/2009

Electronic Signature of Signing Officer or Director

Date