2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06119

Entity Name: ST. JOHNS RIVER CITY BAND, INC.

FILED Feb 18, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
226 N LAURA ST JACKSONVILLE, FL 32202				8159 ARLINGTON EXPRESSWAY SUITE 28 JACKSONVILLE, FL 32211			
Current Mailing Address:				New Mailing Address:			
226 N LAURA ST JACKSONVILLE, FL 32202				8159 ARLINGTON EXPRESSWAY SUTIE 28 JACKSONVILLE, FL 32211			
FEI Number:	59-2500601	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status D	esired()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
MCGINNIS, BOBI E 226 N LAURA ST JACKSONVILLE, FL 32202 US				DAVIS, MICHAEL J 8159 ARLINGTON EXPRESSWAY SUITE 28 JACKSONVILLE, FL 32211 US			
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered o	office or registered ag	ent, or both,
SIGNATURE: MICHAEL J DAVIS Electronic Signature of Registered Agent				02/18/2004			
				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RINAMAN, W K	Delete N EXPRESSWAY, A101		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	M () MCGINNIS, BOB 1238 TIBER AVE JACKSONVILLE	<u>:</u>		Title: Name: Address: City-St-Zip:	DAVIS, MICHAI	ON EXPRESSWAY, STE	. 28
Title: Name: Address: City-St-Zip:	SD () MALDONADO, IF 9381 BEAUCLEF JAX, FL 32257			Title: Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	TD () BARBONE, RAY 7159 CORKLAN JACKSONVILLE	DRIVE		Title: Name: Address: City-St-Zip:	GEISLER, CUR	ON EXPRESSWAY, STE	. 28
Title: Name: Address: City-St-Zip:	VD () KALLAUS, KATH 2128 FOREST H JACKSONVILLE	OLLOW WAY		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	BROWN, DICK	Delete GROVE DR EAST H, FL 32266		Title: Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J DAVIS M 02/18/2004