


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90305 043 \*\*\*\*61.25

<b>DOCUMENT # N06119</b> 1. Entity Name ST. JOHNS RIVER CITY BAND, INC.					
Principal Place of Business 9000 REGENCY SQUIRE BLVD. #205 JACKSONVILLE, FL 32211			Mailing Address 9000 REGENCY SQUIRE BLVD. SUITE 205 JACKSONVILLE, FL 32211		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2500601	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  DAVIS, MICHAEL J 9000 REGENCY SQUIRE BLVD. SUITE 205 JACKSONVILLE, FL 32211			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DICK 1302 NEPTUNE GROVE DRIVE EAST NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reichert, Betsy 841 Prudential Drive Jax FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAVIS, MICHAEL J 9000 REGENCY SQUIRE BLVD. #205 JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY MCELROY 3625 UNIVERSITY BLVD. SOUTH JAX, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dede Brufon 8265 Bateau Rd. S. Jax FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEISLER, CURT 9000 REGENCY SQUIRE BLVD. #205 JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack McElroy 4074 S. Mizner Cr. Jax FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REICHART, BETSY AETNA BLDG. 841 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Fryer 12645 Mission Hills Cr N Jax FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MELANIE 10 NEWMAN STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Michael J. Davis</i> <b>2/23/06 (904) 355-4700</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					