

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000132

FILED
Mar 11, 2009
Secretary of State

Entity Name: JACKSONVILLE MARINA MILE, INC.

Current Principal Place of Business:

ATTN: JOE SPRINGER
3376 LAKESHORE BOULEVARD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

ATTN: JOE SPRINGER
3376 LAKESHORE BOULEVARD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 27-1709313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC.
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 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: D () Delete
Name: SPRINGER, JOE
Address: C/O 3376 LAKESHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SCHMID, CHRIS
Address: C/O 4240 LAKESIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: HOLMES, BARTON
Address: C/O 3423 LAKESHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BUSEY, BROOKS
Address: C/O 4669 ROOSEVELT BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

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: Q. BARTON HOLMES

TREA

03/11/2009

Electronic Signature of Signing Officer or Director

Date