

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13841

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE SKEET AND TRAP CLUB, INC.

**Current Principal Place of Business:**

12125 NEW BERLIN RD.  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

233 E. BAY STRET  
SUITE 720  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-6151255      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, ROLFE C  
233 E. BAY ST.  
SUITE 720  
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: VP ( ) Delete  
Name: RAIZIS, RON  
Address: 7313 TAHITI RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: CHILDERS, GARY  
Address: 12125 NEW BERLIN RD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: PP ( ) Delete  
Name: THOMAS, JOHN  
Address: 4859 MAYWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: P ( ) Delete  
Name: REINSTINE, FRANK  
Address: 1252 TIBER AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: ROLFE, LAWRENCE  
Address: 233 E. BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Delete  
Name: HITZING, KATHERINE  
Address: 7778 LAS PALMA WAY  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: JACOBS, JAKE  
Address: 12125 NEW BERLIN RD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: T (X) Change ( ) Addition  
Name: JOHNSON, EDDIE  
Address: 12125 NEW BERLIN RD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROLFE, LAWRENCE  
Address: 233 E. BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

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: LAWRENCE C. ROLFE

S

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date