


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Jun 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # N17217
1. Entity Name
JACKSONVILLE REEF RESEARCH TEAM, INC.



Principal Place of Business Mailing Address
**1655 THE GREEN'S WAY #3422
JACKSONVILLE FL 32250
US** **1655 THE GREEN'S WAY #3422
JACKSONVILLE FL 32250
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc Suite, Apt #, etc

2nd MOORE CR2E037 (4/07)

City & State City & State
Zip Country Zip Country

4. FEI Number **59-2889442**
Applct For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**NELSEN, JAMES D
8558 ROYAL LAKES DRIVE
JACKSONVILLE FL 32256-8455**

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 _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERKNER, JOHN	
STREET ADDRESS	36 JACKSON AVENUE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES	
STREET ADDRESS	100 CONCH C1	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILCOX, SUE	
STREET ADDRESS	1655 THE GREEN'S WAY #3422	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, DENISE	
STREET ADDRESS	7623 BAYMEADOWS CIR W #2032	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINDHOLM, BILL	
STREET ADDRESS	8181 SUTTON PL. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDHOLM, BILL	
STREET ADDRESS	8181 SUTTON PL. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000766479
06/20/07-80002-013 61.25

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 empowerments.

SIGNATURE: *[Signature]* 13 June 2007 984.1012.78010