


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 1655 THE GREEN'S WAY #3422 JACKSONVILLE, FL 32250 US	Mailing Address 1655 THE GREEN'S WAY #3422 JACKSONVILLE, FL 32250 US
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**DO NOT WRITE IN THIS SPACE**



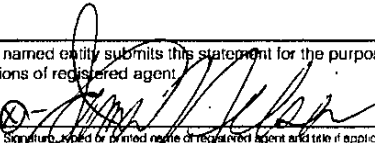
01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2889442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**DO NOT WRITE IN THIS SPACE**

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  (NOTE: Registered Agent signature required when re-registering)

DATE 1/15/08

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000787785  
 01/18/08-80014-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKNER, JOHN 36 JACKSON AVENUE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES 100 CONCH CT PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, SUE 1655 THE GREEN'S WAY #3422 JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, DENISE 7623 BAYMEADOWS CIR W #2032 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDHOLM, BILL 8181 SUTTON PL. N. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDHOLM, BILL 8181 SUTTON PL. N. JACKSONVILLE, FL 32217

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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.

SIGNATURE:  **Bill Lindholm**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 01-12-08 (904)-610-7710  
 DATE DAYTIME PHONE #