

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N25809

1. Entity Name
WEST JACKSONVILLE CIVIC ASSOCIATION, INC.



Principal Place of Business
**10467 HAMLET TERR
JACKSONVILLE, FL 32221 US**

Mailing Address
**10467 HAMLET TERR
JACKSONVILLE, FL 32221 US**



01302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, JUDY
10467 HAMLET TER
JAX, FL 32221**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSIDY, WILLIAM
618 BLAIR RD
JACKSONVILLE, FL 32221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARTMAN, JERRY
10465 LEGG DR
JACKSONVILLE, FL 32221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTEAN, JOHN
408 HAMLET ROAD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TAYLOR, JUDY
10467 HAMLET TERRACE
JACKSONVILLE, FL 32221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTEAN, RICHARD
402 HAMLET ROAD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUNN, JOHN
10208 SHADY CREST LN
JACKSONVILLE, FL 32221**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John Dunn (**JOHN DUNN**)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04
Date

904-781-4213
Daytime Phone