

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 18, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # N25826**

1. Entity Name  
**WELLS CROSSING ASSOCIATION, INC.**



Principal Place of Business

**751 OAK STREET  
SUITE 600  
JACKSONVILLE, FL 32204 US**

Mailing Address

**751 OAK STREET  
SUITE 600  
JACKSONVILLE, FL 32204 US**



02052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1322630</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, R LAMAR JR  
751 OAK STREET  
SUITE 600  
JACKSONVILLE, FL 32204**

**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

U000000055685  
02/18/04-80014-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINSTON, JAMES H.
STREET ADDRESS	645 RIVERSIDE AVE STE 619
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	THORNTON, JAMES P.
STREET ADDRESS	1301 RIVERPLACE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SHAW, RALPH L JR
STREET ADDRESS	751 OAK STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:**

**R. L. Shaw**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Ralph Lamar Shaw** 2/13/04 904-358-0900