

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28445

FILED
Apr 19, 2009
Secretary of State

Entity Name: JACKSONVILLE RANGE ASSOCIATION, INC.

Current Principal Place of Business:

3971 NOVALINE LANE
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10623
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-2867137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUGER, VICTOR R JR
3971 NOVALINE LANE
JACKSONVILLE, FL 32277 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: D () Delete
Name: HANNAFORD, JOHN
Address: 4815 WESCH BLVD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: HANNAFORD, SHIRLEY
Address: 4815 WESCH BLVD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S () Delete
Name: CHANDLER, WAYNE
Address: 8431-6 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: T () Delete
Name: KRUGER, VICTOR R JR
Address: 3971 NOVALINE LN
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: V () Delete
Name: PARKER, WOODY
Address: 5426 RIVERTON RD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: P () Delete
Name: BRAMLETT, BEN
Address: 2174 SAYE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change () Addition
Name: CHANDLER, WAYNE
Address: 8431-6 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: V (X) Change () Addition
Name: BRAMLETT, BEN
Address: 2174 SAYE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

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: VICTOR KRUGER

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date