

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90134 006 ****61.25

DOCUMENT # N29148

1. Entity Name

THOMAS JEFFERSON CIVIC CLUB



Principal Place of Business

8237 NEVADA STREET
C/O DELORES H. PACETTI
JACKSONVILLE FL 32220
US

Mailing Address

JOHNNY LAMMONS
8237 NEVADA ST
JACKSONVILLE FL 32220-2651
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0306247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

LAMMONS, JOHNNY
325 WARTON ST.
JACKSONVILLE FL 32220

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 ☐ Delete
NAME SINGLETARY, FRED
STREET ADDRESS 9071 RAINBOW LN
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE DP ☐ Delete
NAME LAMMONS, JOHNNY
STREET ADDRESS 325 WARTON ST.
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE DVP ☒ Delete
NAME HEDMON, JIM
STREET ADDRESS 8448 THREE CREEKS BLVD
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☐ Delete
NAME FURMAN, HERBERT
STREET ADDRESS 8051 LAKE LAND ST
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE DS ☒ Delete
NAME MAY, THOMAS
STREET ADDRESS 535 MANSON LANE
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE DT ☐ Delete
NAME PACETTI, DELORES H.
STREET ADDRESS 8888 OLD GAINESVILLE RD
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Change ☐ Addition
NAME MAY, THOMAS
STREET ADDRESS 535 MANSON LANE
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME FURMAN, MELISSA
STREET ADDRESS 8051 LAKE LAND ST
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Delores H. Pacetti* DELORES H. PACETTI

4/19/05 (904) 781-4408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #