

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90274 017 \*\*\*\*61.25

<b>DOCUMENT # N33446</b> 1. Entity Name <b>THE NORTH FLORIDA KOI CLUB, INC.</b>					
Principal Place of Business <b>2732 CONNIE CIRCLE</b> <b>ORANGE PARK, FL 32065 US</b>			Mailing Address <b>2732 CONNIE CIRCLE</b> <b>ORANGE PARK, FL 32065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-2935078</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BROWN, JAN D</b> <b>2732 CONNIE CIRCLE</b> <b>ORANGE PARK, FL 32065</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Jan D. Brown</b>		<b>April 1, 2004</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GASSON, TIM</b> <b>1416 SHARONWOOD LANE</b> <b>JACKSONVILLE, FL 32221</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, Jan D.</b> <b>2732 Connie Cir.</b> <b>Orange Park, FL 32065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROWN, JAN D</b> <b>2732 CONNIE CIRCLE</b> <b>ORANGE PARK, FL 32065</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERTS, Jim</b> <b>548 Millhouse Ln.</b> <b>Orange Park, FL 32065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ODORSKY, WILLIAM</b> <b>2131 SAUL DRIVE</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MILLER, Anne B.</b> <b>508 Elbridge Gerry St.</b> <b>Orange Park, FL 32073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RUTHERFORD, JOANNE</b> <b>147 HEATHER WAY</b> <b>ORANGE PARK, FL 32073</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROBERTS, Susan</b> <b>548 Millhouse Ln.</b> <b>Orange Park, FL 32065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, SHERRI</b> <b>12534 FLYNN ROAD</b> <b>JACKSONVILLE, FL 32223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEHBY, Barbara</b> <b>2607 Red Fox Rd.</b> <b>Ornage Park, FL 32073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTS, JIM</b> <b>2943 DAKOTA DRIVE</b> <b>ORANGE PARK, FL 32065</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GASSON, Tim</b> <b>1416 Sharonwood Ln.</b> <b>Jacksonville, FL 32221</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: </b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Susan Roberts</b>		<b>April 1, 2004</b> <small>Date</small>
					<b>904-525-7423</b> <small>Daytime Phone #</small>

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