

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 009 ****61.25

DOCUMENT # N33446 1. Entity Name THE NORTH FLORIDA KOI CLUB, INC.					
Principal Place of Business 2732 CONNIE CIRCLE ORANGE PARK, FL 32065 US			Mailing Address 2732 CONNIE CIRCLE ORANGE PARK, FL 32065 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 59-2935078	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, JAN D 2732 CONNIE CIRCLE ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASSON, TIM		NAME		
STREET ADDRESS	1416 SHARONWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JAN D		NAME		
STREET ADDRESS	2732 CONNIE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, ANNE B		NAME	SD ALLEN, LILLIAN	
STREET ADDRESS	503 ELBRIDGE GERRY ST		STREET ADDRESS	11852 NARROW OAK LN N.	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	JAX FL 32223	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, SUSAN		NAME	TD TODORSKY, WILLIAM	
STREET ADDRESS	548 MILLHOUSE LN		STREET ADDRESS	2131 SAUNDERS	
CITY-ST-ZIP	ORANGE PARK, FL 32085		CITY-ST-ZIP	JAX FL 32216	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEHBY, BARBARA		NAME		
STREET ADDRESS	2607 RED FOX RD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, JIM		NAME	V SCHADE, GEORGE STEVE	
STREET ADDRESS	548 MILLHOUSE LN		STREET ADDRESS	4651 BLOUNT AV	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	JAX FL 32210	
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: _____			4/28/05 904-269-2524 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					