2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90004 042 ****61.25

DOCUMENT # N33446

1. Entity Name
THE NORTH FLORIDA KOI CLUB, INC.

Principal Place of Business	Mailing Address
2732 CONNIE CIRCLE ORANGE PARK, FL 32065 US	2732 CONNIE CIRCLE ORANGE PARK, FL 32065 US

01102006 Chg-NP CR2E037 (11/05)

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 ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JAN D
2732 CONNIE CIRCLE
ORANGE PARK, FL 32065

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

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASSON, TIM 1416 SHARONWOOD LANE JACKSONVILLE, FL 32221	☒ Delete	P SCHADE, George Steve 4651 Blount Ave Jacksonville, FL 3221 0	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, JAN D 2732 CONNIE CIRCLE ORANGE PARK, FL 32065	☒ Delete	VP ALTIERY, SARAH 3044 RICKY DRIVE JACKSONVILLE, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, LILLIAN 11852 NARROW OAK LN N. JACKSONVILLE, FL 32223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TODORSKY, WILLIAM 2131 SAVHOR LN JACKSONVILLE, FL 32216	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEHBY, BARBARA 2607 RED FOX RD ORANGE PARK, FL 32073	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHADE, GEORGE STEVE 4651 BLOUNT AVE JACKSONVILLE, FL 32210	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/2/06 904 269-2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #