## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2008 8:00 am Secretary of State

DOCUMENT # N33446  1. Entity Name THE NORTH FLORIDA KOI CLUB, INC.								02-08-20	08 90037	O11 ****	61.25
Principal Place of Business 3874 HABERSHAM FORST DRIVE JACKSONVILLE, FL 32223 US ACKSONVILLE, FL 32223 US AMAITING Address 3874 HABERSHAM FORE JACKSONVILLE, FL 32222					RIVE US		1 (2871A) <b>22</b> 8 11		lin Bebe Bibli bid	11 <b>414</b> 61 811 81 <b>8</b> 1	IIIII BI IBČI
2. Principal Place of Business - No P.O. Box # 3. M			Mailing Address			-					
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				01312008 Chg-NP CR2E037 (12/06)				
City & State		City	City & State				4. FEI Number 36-46105	07			oplied For at Applicable
Zip	Country	Zip		Cou	untry		5. Certificate of		. <u> </u>	<b>\$8.75</b> Add Fee Required	
	6. Name and Address of Cu	urrent Registere	d Agent		N		7. Name and A	dress of New	Registered A	\gent	
GIBSON, J	JOYCE A				Name	JAN	DAVIS	Brown	/		
3874 HABI	<del>ERSHAM FOREST DRIV</del> E	Ε			Street Ad	ddress (P	P.O. Box Number i	s Not Acceptab	ile)		
JACKSON	VILLE, FL 32223					<i>M</i> = <i>n</i>	Connie	1	/ a		
					City	A-1				Zip Code	e
. Ti .					<u> </u>		NGE PAR		FL	Zip Code	
	named entity submits this statentions of registered agent	nent for the purpo	ose of changing its	s registeri	ed office or	registere	ed agent, or both,	in the State of F	lorida. I am i	amiliar with,	and accept
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CICNIATURE		∕ دسده	51						2/4/0	8	
SIGNATURE	Signature typed or printed name of registers	ed agent any title il appl	cable. (NOT	E: Registere	ed Agent signatur	ire required v	when reinstating)		2/6/00		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Ca Trust Fund	mpaign F	inancing		\$5.00 May Be Added to Fees		DATE Make check prida Depar	payable to	
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12. I hereby certify that the information supplied with this filling does not quality 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: JAN DAVIS B

R PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/4/08

904.269.2504

Daytime Phone #