

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-08-2008 90037 011 ****61.25

DOCUMENT # N33446 1. Entity Name THE NORTH FLORIDA KOI CLUB, INC.					
Principal Place of Business 3874 HABERSHAM FORST DRIVE JACKSONVILLE, FL 32223 US			Mailing Address 3874 HABERSHAM FOREST DRIVE JACKSONVILLE, FL 32223 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4610507	
				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		
GIBSON, JOYCE A 3874 HABERSHAM FOREST DRIVE JACKSONVILLE, FL 32223			Name JAN DAVIS BROWN Street Address (P.O. Box Number is Not Acceptable) 2732 Connie Circle City ORANGE PARK FL Zip Code 32065		
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. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 2/6/08		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P GASSON, TIM 1416 AHARONWOOD LANE JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Todorosky, Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2131 Saul Drive Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBSON, JOYCE A 3874 HABERSHAM FOREST DRIVE JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAH AITIER, Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3044 Ricky Drive Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAWLEY, NELLIE 11604 SURFWOOD AVE JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. P. Steve Ramsey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3331 Oak Leaf Lane Middleburg, FL 32068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JIM 548 MILLHOUSE LANE ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. JAN DAVIS BROWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2732 Connie Circle Orange Park, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAN DAVIS BROWN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/6/08 Daytime Phone # 904-269-2504		