


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90276 042 ****61.25


DOCUMENT # N94000002967
 1. Entity Name
 FLORIDA JCI SENATORS, INC.



Principal Place of Business
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

Mailing Address
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0508833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTHERLAND, STEPHEN E
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

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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 **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WINDNAM , RANDY WINDHAM
STREET ADDRESS	8123 BETTY LOUISE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	VD PD
NAME	HANCOCK, ALAN
STREET ADDRESS	4361 JEREMY'S LANDING DRIVE, SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VD
NAME	PERTESIS, LJ
STREET ADDRESS	1086 S. MILITARY TRAIL #103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	PD D
NAME	BRANDEL, MARK
STREET ADDRESS	2525 NW 13 LANE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VD VD
NAME	ELLIOT, KAY
STREET ADDRESS	5018 GREENBROOK LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **KAY ELLIOT** 

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____