


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-16-2004 90027 042 ****61.25

DOCUMENT # N94000004399	
1. Entity Name BLODGETT VILLAS RESIDENT COUNCIL, INC.	

Principal Place of Business 630 WEST 4TH STREET 6201 JACKSONVILLE FL 32209	Mailing Address 630 WEST 4TH STREET 6201 JACKSONVILLE FL 32209
--	--

66421947



MOORE CR2E037 (11/03)

2. Principal Place of Business <i>Blodgett Villas EML</i>	3. Mailing Address
Suite, Apt. #, etc. <i>6201</i>	Suite, Apt. #, etc.

City & State <i>Jacksonville, Fla</i>	City & State
Zip <i>32209</i>	Country <i>Duval</i>

4. FEI Number 59-3256563	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 CATO, FREDRICKA 1250 NORTH JEFFERSON STREET APT 7301 JACKSONVILLE FL 32209

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE PD	<input type="checkbox"/> Delete
NAME CATO, FREDRICKA	
STREET ADDRESS 1250 NORTH JEFFERSON STREET, SUITE 7301	
CITY-ST-ZIP JACKSONVILLE FL 32209	
TITLE VPD	<input type="checkbox"/> Delete
NAME SIMPKINS, WILLIE MAE	
STREET ADDRESS 770 WEST 4TH STREET APT 1801	
CITY-ST-ZIP JACKSONVILLE FL 32209	
TITLE SD	<input type="checkbox"/> Delete
NAME JOHNSON, KATHY	
STREET ADDRESS 630 W 4 STREET 6101	
CITY-ST-ZIP JACKSONVILLE FL 32209	
TITLE T	<input type="checkbox"/> Delete
NAME DALLAS, MAGGIE	
STREET ADDRESS 1250 NORTH JEFFERSON STREET #7902	
CITY-ST-ZIP JACKSONVILLE FL 32209	
TITLE C	<input type="checkbox"/> Delete
NAME RUSSELL, DORETHA H	
STREET ADDRESS 1250 JEFFERSON STREET APT 7702	
CITY-ST-ZIP JACKSONVILLE FL 32209	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Fredricka Cato* **904 3543210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #