

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90025 035 ****70.00

DOCUMENT # N97000002075 1. Entity Name JACKSONVILLE VOLKSWAGEN DEALERS ADVERTISING ASSOCIATION INC.																																																																																																								
Principal Place of Business 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225			Mailing Address 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225																																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																																						
Suits, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																						
City & State		City & State																																																																																																						
Zip	Country	Zip	Country																																																																																																					
4. FEI Number 59-3457273		Applied For ☐ Not Applicable																																																																																																						
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required																																																																																																						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																					
BUSH, JOHN P 9850 ATLANTIC BLVD JAX, FL 32225			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 fee 7 applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																								
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>O'STEEN, MARK</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BUSH, JOHN P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>9850 ATLANTIC BLVD JACKSONVILLE, FL 32225</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TISDELL, ASH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1481 WELLS ROAD ORANGE PARK, FL 32073</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Director Jack Hanania 7200 Blending Blvd Jacksonville FL 32244</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	O'STEEN, MARK		CITY-ST-ZIP	2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207		TITLE	NAME	☐ Delete	STREET ADDRESS	BUSH, JOHN P		CITY-ST-ZIP	9850 ATLANTIC BLVD JACKSONVILLE, FL 32225		TITLE	NAME	☒ Delete	STREET ADDRESS	TISDELL, ASH		CITY-ST-ZIP	1481 WELLS ROAD ORANGE PARK, FL 32073		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	Director Jack Hanania 7200 Blending Blvd Jacksonville FL 32244		CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	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 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: John P Bush Director 8-2-06 904-725-0911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																																																																																								