

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003438

Entity Name: JACKSONVILLE CHECKER CLUB INC.

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

3101 N. MYRTLE AVE  
JACKSONVILLE, FL 32209

## New Principal Place of Business:

## Current Mailing Address:

3101 N. MYRTLE AVE  
JACKSONVILLE, FL 32209

## New Mailing Address:

FEI Number: 59-3490820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MALLOY, ULYSSES  
3101 N. MYRTLE AVE  
JACKSONVILLE, FL 32209 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MALLOY, ULYSSES  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Delete  
Name: FREEMAN, JIMMIE L  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: MD ( ) Delete  
Name: BRIGHT, ODELL  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: RYAN, WILLIAM  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: RS ( ) Delete  
Name: GIRADEAU, EMMETT  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: FS ( ) Delete  
Name: WEST, WILLIE J  
Address: 3101 N. MYRTLE AVE  
City-St-Zip: JACKSONVILLE, FL 32209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE FREEMAN

VP

01/12/2004

Electronic Signature of Signing Officer or Director

Date