

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90038 050 ****61.25

DOCUMENT # N98000000569					
1. Entity Name JACKSONVILLE ROD RUNNERS, INCORPORATED					
Principal Place of Business 2149 SAYE DRIVE JACKSONVILLE, FL 32225-4859			Mailing Address 2149 SAYE DRIVE JACKSONVILLE, FL 32225-4859		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent HESS, TERESA 2149 SAYE DRIVE JACKSONVILLE, FL 32225-4859				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: <i>Teresa S. Hess</i>				DATE: 1-26-06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, TERESA			NAME	
STREET ADDRESS	2149 SAYE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, BEVERLY			NAME	
STREET ADDRESS	5893 SISSY LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32222			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, CONNIE			NAME	
STREET ADDRESS	8020 CAYUGA TRAIL, SOUTH			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32244			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGILELLO, AL			NAME	
STREET ADDRESS	3293 BLISS RD.			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32065			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Teresa S. Hess</i>				DATE: 1-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Daytime Phone #: 904-646-3935	