

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004268

Entity Name: JACKSONVILLE PLAYERS, INC.

FILED
Sep 02, 2004
Secretary of State

Current Principal Place of Business:

1732 ORMOND ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1732 ORMOND ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3522535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, JAMES D
1732 ORMOND ROAD
JACKSONVILLE, FL 32225 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: COLEMAN, JAMES D
Address: 1732 ORMOND ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: KLING, DONNA
Address: 916 LITTLE LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: CONONIE, CARLICE
Address: 4380 SYCAMORE PASS CT W
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD () Delete
Name: SWEENEY, DONNA
Address: 816 BROOKSTONE CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: LOVERICH, ROBERT
Address: 1153 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DUFRESNE, DON
Address: 8777 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

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: ROBERT T. LOVERICH

TD

09/02/2004

Electronic Signature of Signing Officer or Director

Date

TRACY FILMORE DIRECTOR
412 KENTUCKY BRANCH LANE
JACKSONVILLE, FL 32259

DEBBIE COLEMAN DIRECTOR
1732 ORMOND RD
JACKSONVILLE, FL 32225

KERI COLEMAN DIRECTOR
1732 ORMOND RD
JACKSONVILLE, FL 32225

JIMMY KLING DIRECTOR
916 LITTLE LOOP DRIVE
JACKSONVILLE, FL 32259