

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004268

FILED
Apr 14, 2005
Secretary of State

Entity Name: JACKSONVILLE PLAYERS, INC.

Current Principal Place of Business:

1732 ORMOND ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

1153 HIDEAWAY DRIVE N
JACKSONVILLE, FL 32259

Current Mailing Address:

1732 ORMOND ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

1153 HIDEAWAY DRIVE N.
JACKSONVILLE, FL 32259

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:

LOVERICH, ROBERT T
1153 HIDEAWAY DRIVE N
JACKSONVILLE, FL 32259 US

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: ROBERT T. LOVERICH

04/14/2005

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILMOTH, SONYA
Address: 4567 ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: D (X) Change () Addition
Name: COLEMAN, JAMES
Address: 1732 ORMOND ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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

04/14/2005

Electronic Signature of Signing Officer or Director

Date