

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004268

FILED
Apr 28, 2008
Secretary of State

Entity Name: JACKSONVILLE PLAYERS, INC.

Current Principal Place of Business:

1153 HIDEAWAY DRIVE N
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1153 HIDEAWAY DRIVE N.
JACKSONVILLE, FL 32259

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:

LOVERICH, ROBERT T
1153 HIDEAWAY DRIVE N
JACKSONVILLE, FL 32259 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: KLING, DONNA
Address: 11251 CAMPFIELD DR. #4405
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: SD () Delete
Name: FLORES, CHRISTINA
Address: 1037 PALM LANDING DRIVE S
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: BLANKENSHIP, JERRY
Address: 5710 BRANDON LAKE CT
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOVERICH, ROBERT
Address: 1153 HIDEAWAY DRIVE N
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD (X) Change () Addition
Name: KLING, DONNA
Address: 1153 HIDEAWAY DRIVE N
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD (X) Change () Addition
Name: CHISHOLM, ROBERT
Address: 1153 HIDEAWAY DRIVE N
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD (X) Change () Addition
Name: BLANKENSHIP, JERRY
Address: 1153 HIDEAWAY DRIVE N
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date