



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90098 019 ****61.25

DOCUMENT # N99000000271 1. Entity Name JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.					
Principal Place of Business 616 PARK STREET JACKSONVILLE, FL 32204			Mailing Address 616 PARK STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CERNIGLIA, TERRY 852 TALBOT AVE JACKSONVILLE, FL 32205			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D BUBY, ALLEN <input checked="" type="checkbox"/> Delete 2545 OAK ST 9 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL F. MALONE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2153 POSE SE #4 JAX, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES <input type="checkbox"/> Delete 5400 COLLINS RD 135 JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1050 CLAYTON RD. JAX, FL 32254	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERNIGLIA, TERRY <input type="checkbox"/> Delete 852 TALBOT AVE JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADILLA, RAMON <input type="checkbox"/> Delete 918 OSCEOLA ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANSON, RANDY <input type="checkbox"/> Delete 2630 MERRILL BLVD JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEANE, MONTE <input type="checkbox"/> Delete 107 MAYALL DR W JACKSONVILLE, FL 32220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5/3/07 904 626 2056 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					