


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CERNIGLIA, TERRY
 852 TALBOT AVE
 JACKSONVILLE, FL 32205

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALONE, MICHAEL F
STREET ADDRESS	2153 POSE ST #4
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	PD
NAME	THOMPSON, JAMES
STREET ADDRESS	1050 CLAYTON RD
CITY- ST- ZIP	JACKSONVILLE, FL 32254
TITLE	P
NAME	CERNIGLIA, TERRY
STREET ADDRESS	852 TALBOT AVE
CITY- ST- ZIP	JACKSONVILLE, FL 32205
TITLE	VP
NAME	PADILLA, RAMON
STREET ADDRESS	918 OSCEOLA ST
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	TD
NAME	BRANSON, RANDY
STREET ADDRESS	2630 MERRILL BLVD
CITY- ST- ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	BEANE, MONTE
STREET ADDRESS	107 MAYALL DR W
CITY- ST- ZIP	JACKSONVILLE, FL 32220

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 05/01/08-80010-016 61.25

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:  DATE: **6 APRIL 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #