
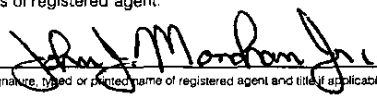



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90009 042 \*\*\*\*70.00

<b>DOCUMENT # N99000006153</b>					
<b>1. Entity Name</b> MAYPORT MERCHANTS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 619 ATLANTIC BLVD. ATLANTIC BCH, FL 32233			<b>Mailing Address</b> 619 ATLANTIC BLVD. ATLANTIC BCH, FL 32233		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3231641	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PKWY., SUITE 108 JACKSONVILLE BCH, FL 32250			<b>7. Name and Address of New Registered Agent</b> Name: <b>JOHN J. MONAHAN JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>619 ATLANTIC BLVD.</b> City: <b>ATLANTIC BEACH</b> FL <b>32233</b>		
<b>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.</b>					
SIGNATURE: 				DATE: <b>5-20-04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, MIKE JR 9650 ATLANTIC BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONAHAN, JOHN JR 619 ATLANTIC BLVD ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATIDBR, KEITH 2389 MAYPORT RD. ATLANTIC BEACH, FL 32238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN, JOHN JR 619 ATLANTIC BLVD ATLANTIC BCH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: 				DATE: <b>5/20/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOHN J. MONAHAN JR.</b>				DAYTIME PHONE # <b>904-246-1003</b>	

14022841



04102004 Chg-NP CR2E037 (10/03)