

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2004
Secretary of State**

DOCUMENT# N00000000644

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 2438
JACKSONVILLE, FL 322032438 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2438
JACKSONVILLE, FL 322032438 US

New Mailing Address:

FEI Number: 48-0993627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZUK, JOHN PRES.
10200 BELLE RIVE BLVD
APT 136
JACKSONVILLE, FL 322032438 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: DIR () Delete
Name: COATS, ELAINE
Address: NASSAU COUNTY CLERKS OF COURTS - N 14TH ST
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DIR () Delete
Name: ADKINS, TONY
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: DIR () Delete
Name: SHIGO, JOYCE A
Address: XPRESS IT OFFICE PROD - 3904 ST. JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: PRES () Delete
Name: LAZUK, JOHN CRM
Address: 10200 BELLE RIVE BLVD, APT 136
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR () Delete
Name: SCOTT, MARLENE
Address: ED COM CU - 623 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: DIR () Delete
Name: HASKINS, JENNIFER
Address: INFOGUARD - 6595 PRITCHARD ROAD
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: COATS, ELAINE
Address: NASSAU COUNTY CLERKS OFFICE - PO BOX 456
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DIR (X) Change () Addition
Name: ATKINS, TONY
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: DIR (X) Change () Addition
Name: NEVLING, SHARON
Address: PO BOX 2438
City-St-Zip: JACKSONVILLE, FL 32203

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

Title: DIR (X) Change () Addition
Name: SCOTT, MARLENE
Address: ED COM CU - 637 N LEE STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: MARLENE SCOTT

DIR

02/02/2004

Electronic Signature of Signing Officer or Director

_____ Date