## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 08:00 A Secretary of State

Country   Zip   Country   Sip   Country   Sip   Country   Site   Country	1. Entity Nam	MENT # 761640 TEAUX OF JACKSONVILLE				Secre	tary	of Sta		
Suille, Apt. #, etc.  O3232008 Chg-NP CR2E037 (12/06)  City & State  City & State  City & State  Country  Zip  Country  Sip  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE  SUITE 2301  JACKSONVILLE, FL 32202  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. 1 am familiar with, and accidented office or registered agent, or both, in the State of Florida. 1 am familiar with, and accidented office of the purpose of changing its registered Agent squares required when revisions)  Filling Fee Is \$61.25 Due by May 1, 2008  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Fiorida Department of State Fiorida Department of State NAME MOORE, MICHAEL L SIREET ADDRESS  7201 ARLINGTON EXPRESSWAY  SIREET ADDRESS  TERET ADDRESS  TERET ADDRESS  TOURNESS	7201 ARLING	GTON EXPRESSWAY								
City & State  Applied For Sp-2221206  Sp-2221206  Not Applied For Sp-2221206  Not Applied For Sp-2221206  Not Applied For Sp-2221206  Not Applied For Sp-2221206  State Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Require	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					<b>                                     </b>		
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required  6, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent  HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202  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 accidented the obligations of registered agent.  SIGNATURE  Filling Fee Is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INILE POSSIBLE OFFICERS AND DIRECTORS IN 10 INITIAL POSSIBLE OFFICERS AND						hg-NP	CR2E037			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  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. 1 am familiar with, and acceptable the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if apolicable.  (NOTE: Registered Agent squature required when revisiting)  DATE  Filling Fee Is \$61.25  Due by May 1, 2008  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Detail  INILE  MOORE, MICHAEL L  STREET ADDRESS  T201 ARLINGTON EXPRESSWAY			·	State		06		No	t Applicable	
HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202  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 acc the obligations of registered agent.  SIGNATURE  Filling Fee Is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INILE  MAME MOORE, MICHAEL L STREET ADDRESS  7201 ARLINGTON EXPRESSWAY  STREET ADDRESS  10. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Little Make of Portical Payable to Payable	Zip •			Country						
ONE INDEPENDENT DRIVE SUITE 2301  JACKSONVILLE, FL 32202  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 acceptable)  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remaining)  DATE  Filling Fee Is \$61.25  Due by May 1, 2008  Prust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INITE  MAME  MOORE, MICHAEL L  STREET ADDRESS  7201 ARLINGTON EXPRESSWAY  STREET ADDRESS  TEREST ADDRESS  TEREST ADDRESS  TEREST ADDRESS  TEREST ADDRESS  TEREST ADDRESS  TEREST ADDRESS  TO STREET ADDRESS		6. Name and Address of Current R	egistered Agent	Name	7. Name and Add	iress of New i	Registered Aç	jent		
ACKSONVILLE, FL 32202  City  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 accepted agent.  SIGNATURE  Signature, typed or printed name of registered agent and talle if applicable.  (NOTE: Registered Agent squalure required when renstating)  DATE  Filling Fee is \$61.25  Due by May 1, 2008  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  MOORE, MICHAEL L  STREET ADDRESS  TRUST ADDRESS  STREET ADDRESS  TRUST ADDRESS  STREET ADDRESS  TRUST ADDRESS  STREET ADDRESS	ONE INDEPENDENT DRIVE			Street Address						
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the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when censtating)   Date   Date   Printing Fee Is \$61.25   Printing Fee Is			City			FL	Zip Code	•		
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  111LE  NAME  MOORE, MICHAEL L  STREET ADDRESS  7201 ARLINGTON EXPRESSWAY  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Add  NAME  STREET ADDRESS  UD0000873727	<u>(,                                     </u>	Filling Fee Is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be		Aake check		ato	
NAME MOORE, MICHAEL L STREET ADDRESS 7201 ARLINGTON EXPRESSWAY STREET ADDRESS "UDDDD0873722	10.		 ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10	
CITY-ST-ZIP JACKSONVILLE, FL 322115973 CITY-ST-ZIP 04/10/08-80089-021 61, 25	NAME	MOORE, MICHAEL L		NAME		U000( 04/10/0	00873722	,	□ Addition	
	NAME STREET ADDRESS	MOORE, LINDSEY 7201 ARLINGTON EXPRESSWAY		NAME STREET ADDRESS		•			Addition	
TiTLE         MBR         Delete         TITLE         Change         Add           NAME         STOES-BERRY, APRIL         NAME         STOES - BERRY, APRIL         NAME         STOES - BERRY, APRIL         STOES - BERRY, APRIL         NAME         STREET ADDRESS         STREET ADDRESS <t< td=""><td>NAME STREET ADDRESS</td><td>STOES-BERRY, APRIL 5050 NC HWY 32</td><td>☐ Delete</td><td>NAME STREET ADDRESS</td><td></td><td></td><td></td><td>Change</td><td>Addilion</td></t<>	NAME STREET ADDRESS	STOES-BERRY, APRIL 5050 NC HWY 32	☐ Delete	NAME STREET ADDRESS				Change	Addilion	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR