

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008601

FILED
Jun 15, 2009
Secretary of State

Entity Name: WEST JACKSONVILLE RESTORATION CENTER INC

Current Principal Place of Business:

4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3536569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, STANLEY M
4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 US

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: P () Delete
Name: WILLIAMS, STANLEY M
Address: 4019 EAGLE LANDING PARKWAY
City-St-Zip: ORANGE PARK, FL 32065 US

Title: VP/S () Delete
Name: WILLIAMS, EUNICE D
Address: 4019 EAGLE LANDING PARKWAY
City-St-Zip: ORANGE PARK, FL 32065

Title: DIR () Delete
Name: WALKER, GERALD
Address: 11314 MONUMENT LANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EUNICE WILLIAMS

VP

06/15/2009

Electronic Signature of Signing Officer or Director

Date