

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002591

FILED
Mar 06, 2009
Secretary of State

Entity Name: JACKSONVILLE ARBORETUM & GARDENS, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1061861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYCOCK, LYNDA R
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207 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: D () Delete
Name: STEVENS, JUDITH P M.D.
Address: 6104 WINDING BRIDGE DR
City-St-Zip: JACKSONVILLE, FL 322771452

Title: D () Delete
Name: GAFFNEY, MEG
Address: 1035 KINGS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HAWKINS, MURRAY F
Address: 1924 HOLLY OAKS LAKE RD W
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: HUBBACH, CHARLES
Address: 4567 ST. JOHNS BLUFF
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: AYCOCK, LYNDA R
Address: 1301 RIVERPLACE BLVD STE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GRAMAJO, TRISH
Address: 405 W. BAY STREET, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32202

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:

Title: () Change () Addition
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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: JUDITH P. STEVENS, M.D.

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date