

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90001 010 \*\*\*\*61.25

44007346



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3041602

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID  
200 N LAURA STREET, 12TH FLOOR  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name  
EDCOLAW, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
6 East Bay Street  
Suite 500  
City Jacksonville FL Zip Code 32202

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.

EDCOLAW, INC. by Laura W. Austin, Secretary

SIGNATURE Laura W. Austin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/04

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JURY, THOMAS	
STREET ADDRESS	100 N. MYRTLE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HALL, CHARLOTTE	
STREET ADDRESS	100 N. MYRTLE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACOBS, GARY	
STREET ADDRESS	100 N. MYRTLE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINY, MATTHEW	
STREET ADDRESS	100 N. MYRTLE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 322041310	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAYLOCK, MICHAEL J	
STREET ADDRESS	100 N. MYRTLE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 322041310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Crittenden, Demetrias	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 N Myrtle Ave	
STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04 (904) 630-3149