


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004803

1. Entity Name
EARTH DAY JACKSONVILLE, INC.



Principal Place of Business 117 W DUVAL ST SUITE 225 JACKSONVILLE, FL 32202 US	Mailing Address 117 W DUVAL ST SUITE 225 JACKSONVILLE, FL 32202 US
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3238364	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VELETA, CHRISTI
 117 W. DUVAL STREET, STE. 225
 JACKSONVILLE, FL 32202**

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLHOURN, JOHN M 6144 E. DUVAL STREET STE 208 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELETA, CHRISTI 117 W DUVAL ST SUITE 225 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, JACKIE 5201 ATLANTIC BLVD UNIT 128 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, ROSEMARIE 7844 CHASE MEADOWS DRIVE EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKLEY, CHRIS 3877 BALLESTERO DRIVE STREET JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80065-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Christi Veleta **2-22-05** **904-630-3692**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #