

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000712

FILED
Jan 20, 2006
Secretary of State

Entity Name: JACKSONVILLE WALDORF INITIATIVE, INC.

Current Principal Place of Business:

223 8TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 31117
ATLANTIC BEACH, FL 322331117

New Mailing Address:

FEI Number: 65-0653943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUOPOLO, JOSEPH M
PO BOX 331117
ATLANTIC BEACH, FL 32233 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: CD () Delete
Name: GRAESER, JULIANN
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: JACKSON, KEVIN
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: PETERS, SHANNON
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD (X) Delete
Name: NICHOLS, TERESA
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: O () Delete
Name: VIGILETTI, KAY
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: PUOPOLO, JOSEPH M
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

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 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: JOSEPH M PUOPOLO

TD

01/20/2006

Electronic Signature of Signing Officer or Director

Date