2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

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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:

PETERS, SHANNON
223 EIGHTH AVE SOUTH
JACKSONVILLE BEACH, FL 32233 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: SHANNON PETERS 02/26/2007
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: PUOPOLO, JOSEPH M
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: O (X) Delete
Name: VIGILETTI, KAY
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: PETERS, SHANNON
Address: 223 8TH AVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: D (X) Change ( ) Addition
Name: GOTTLIEB, ERICA
Address: PO BOX 331117
City-St-Zip: ATLANTIC BEACH, FL 32233

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: SHANNON PETERS C/D 02/26/2007
Electronic Signature of Signing Officer or Director Date