

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000712

FILED  
Feb 25, 2009  
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:**

223 8TH AVE SOUTH  
JACKSONVILLE BEACH, FL 32250

**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:**

CIES, CHRISTINE  
223 EIGHTH AVE SOUTH  
JACKSONVILLE BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

CIES, CHRISTINE  
3559 LENCZYK DR. W.  
JACKSONVILLE, FL 32277 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:

Electronic Signature of Registered Agent

02/25/2009

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEAL, BILL  
Address: 223 8TH AVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete  
Name: SHROCK, ARTHUR  
Address: 223 8TH AVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete  
Name: CIES, CHRISTINE  
Address: 223 8TH AVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: CIES, CHRISTINE  
Address: 3559 LENCZYK DR. W.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Change (X) Addition  
Name: WAUGH, CASEY  
Address: 223 8TH AVE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CHRISTINE L.S. CIES

Electronic Signature of Signing Officer or Director

D

02/25/2009

Date