

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003391

FILED
Jan 05, 2009
Secretary of State

Entity Name: OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

8495 BLUESTEM COURT
JACKSONVILLE, FL 322446025 US

New Principal Place of Business:

Current Mailing Address:

8495 BLUESTEM COURT
JACKSONVILLE, FL 322446025 US

New Mailing Address:

FEI Number: 59-3516602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, MICHAEL W
8495 BLUESTEM COURT
JACKSONVILLE, FL 322446025 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: DV () Delete
Name: NIGHTINGALE, GAY
Address: 5193 CHARLEMAGNE ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DS () Delete
Name: MCPHEETERS, MARTHA
Address: 5937 CARREVERO DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DT () Delete
Name: BENNETT, MICHAEL W
Address: 8702 COMO LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32255

Title: DP () Delete
Name: MCDONAGH, LAURIE
Address: 2636 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MICHAEL W. BENNETT

Electronic Signature of Signing Officer or Director

MR.

01/05/2009

Date