
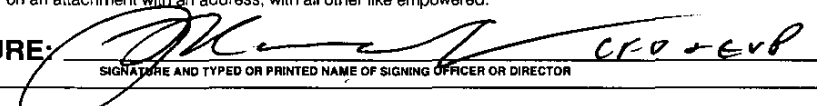


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 016 ****61.25

DOCUMENT # 714162					
1. Entity Name URBAN JACKSONVILLE, INC.					
Principal Place of Business 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210		Mailing Address 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7024899	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLSHOUSER, ERIC J. 2005 HERSHEL STREET 800 WEST MONROE ST. JACKSONVILLE, FL 32204 32202			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEFTON, JOHN T		NAME	One Independent Dr., Suite 1300	
STREET ADDRESS	200 LAURA STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, EDWARD H		NAME		
STREET ADDRESS	256 EAST CHURCH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, VINCENT		NAME	Mr. Mike E. Jorgensen	
STREET ADDRESS	4902 ARROWSMITH ROAD		STREET ADDRESS	7555 Beach Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, CATHERINE		NAME		
STREET ADDRESS	4631 ALCONQUIN AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBREATH, DENISE		NAME		
STREET ADDRESS	218 ASHLEY ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCIER, LEE F		NAME		
STREET ADDRESS	200 W FORSYTH ST STE 1100		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
#7/4/62

40060135

Urban Jacksonville, Inc.

Additional Sheet of Officers and Directors:

Title: Director
Name: Ms. Rebecca Berg
Street Address: 4811 Beach Blvd., Suite 200
City-St-Zip: Jacksonville, FL 32207

Title: Director
Name: The Honorable Judge Michael Weatherby
Street Address: 4062 Cordova Avenue
City-St-Zip: Jacksonville, FL 32207

Title: Director
Name: Mr. Rolland Kennedy
Street Address: 10122 West Courtyards Place
City-St-Zip: Jacksonville, FL 32256

Title: Director
Name: Mr. William King
Street Address: 4860 Ortega Blvd.
City-St-Zip: Jacksonville, FL 32210

Title: Director
Name: Mr. John Q. Anderson
Street Address: 2309 Jose Circle N.
City-St-Zip: Jacksonville, FL 32217

Title: Director
Name: Mr. Ronald M. Owen
Street Address: 136 East Bay Street
City-St-Zip: Jacksonville, FL 32202

Title: Director
Name: Mrs. Ava Parker
Street Address: 101 East Union St., Suite 200
City-St-Zip: Jacksonville, FL 32202

Title: CEO
Name: Mrs. Theresa M. Bertram
Street Address: 4250 Lakeside Drive
City-St-Zip: Jacksonville, FL 32210

Title: CFO
Name: Mr. Jonathan Macedo
Street Address: 4250 Lakeside Drive
City-St-Zip: Jacksonville, FL 32210