
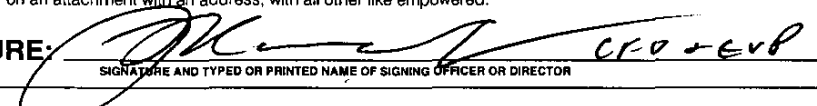


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLSHOUSER, ERIC J. 2005 HERSHEL STREET JACKSONVILLE, FL 32204		Name Street Address (P.O. Box Number is Not Acceptable) City	
800 WEST MONROE ST. 32202		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	CD SEFTON, JOHN T 200 LAURA STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Independent Dr., Suite 1300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HARRISON, EDWARD H 256 EAST CHURCH STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, VINCENT 4902 ARROWSMITH ROAD JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mr. Mike E. Jorgensen 7555 Beach Blvd. Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CATHERINE 4631 ALCONQUIN AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBREATH, DENISE 218 ASHLEY ST JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCIER, LEE F 200 W FORSYTH ST STE 1100 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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