

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 004 ****61.25

DOCUMENT # N95000004737

1. Entity Name
FCCJ FOUNDATION REAL ESTATE HOLDING, INC.



Principal Place of Business
501 WEST STATE STREET
JACKSONVILLE, FL 32202

Mailing Address
501 WEST STATE STREET
JACKSONVILLE, FL 32202

50009673



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3343207	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, J. KIRBY
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELL, DONALD 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASON, DR. WILLIAM C 501 WEST STATE STREET JACKSONVILLE, FL 32202
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSITER, ALAN 4905 BELFORT ROAD, SUITE 110 JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELANEY, KEVIN F 9428 BAYMEADOWS ROAD, SUITE 580 JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Dr. William Mason** **3/10/06** **(904) 632-3357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #