

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 31, 2007
Secretary of State**

DOCUMENT# 714162

Entity Name: URBAN JACKSONVILLE, INC.

Current Principal Place of Business:4250 LAKESIDE DR
300
JACKSONVILLE, FL 32210**New Principal Place of Business:****Current Mailing Address:**4250 LAKESIDE DR
300
JACKSONVILLE, FL 32210**New Mailing Address:**

FEI Number: 23-7024899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HOLSHOUSER, ERIC J.
800 WEST MONROE ST
JACKSONVILLE, FL 32202 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: CD () Delete
Name: ANDERSON, JOHN Q
Address: 2309 SAN JOSE CIRCLE NIRTH
City-St-Zip: JACKSONVILLE, FL 32217Title: VC () Delete
Name: HARRISON, EDWARD H
Address: 256 EAST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202Title: SD () Delete
Name: JORGENSEN, MIKE E
Address: 7555 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32216Title: D () Delete
Name: RICHARDSON, CATHERINE
Address: 4631 ALCONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210Title: D () Delete
Name: BERG, REBECCA
Address: 4811 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207Title: D () Delete
Name: HILL, JAYNE B
Address: 6439 WOOD VALLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32217**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: O (X) Change () Addition
Name: BARTON, TERESA K
Address: 4250 LAKESIDE DRIVE, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32210Title: () 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: TERESA K. BARTON

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07/31/2007

Electronic Signature of Signing Officer or Director_____
Date