## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004737

FILED Mar 19, 2009 Secretary of State

Entity Name: FCCJ FOUNDATION REAL ESTATE HOLDING, INC.

**Current Principal Place of Business:** New Principal Place of Business:

501 WEST STATE STREET 501 WEST STATE STREET JACKSONVILLE, FL 32202

SUITE 104

JACKSONVILLE, FL 32202

**Current Mailing Address:** New Mailing Address:

501 WEST STATE STREET 501 WEST STATE STREET SUITE 104

JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32202

FEI Number: 59-3343207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CHRITTON, J. KIRBY MILLER, JEANNE M 501 W. STATE ST 1301 RIVERPLACE BOULEVARD

JACKSONVILLE, FL 32202 **SUITE 1500** 

US JACKSONVILLE, FL 32207 US

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: JEANNE M. MILLER 03/19/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVT () Delete (X) Change ( ) Addition

ZELL, DONALD ZELL, DONALD D Name: Name: 50 NORTH LAURA STREET, SUITE 2500 Address: 7077 BONNEVAL RD. Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: ED Title: ED (X) Change ( ) Addition ( ) Delete CHAPPELL, SUSAN K Name: STAMP, ROBERT Name: Address: **501 WEST STATE STREET** Address: **501 WEST STATE STREET** 

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: VPT (X) Change ( ) Addition

MILLER, JEANNE M MILLER, JEANNE M Name: Name: 501 W STATE ST Address: Address: 501 W STATE ST

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Delete Title: **VPS** (X) Change ( ) Addition

Name: BOWERS, STEVEN Name: BOWERS, STEVEN Address: 501 W STATE ST Address: 501 W STATE ST City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

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: ROBERT L. STAMP ED 03/19/2009