

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701168

Entity Name: WJCT, INC.

FILED  
Mar 26, 2007  
Secretary of State

## Current Principal Place of Business:

100 FESTIVAL PK AVE  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

100 FESTIVAL PARK AVE  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 59-0711482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYLAN, MICHAEL T  
100 FESTIVAL PARK AVENUE  
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: P ( ) Delete  
Name: BOYLAN, MICHAEL T  
Address: 100 FESTIVAL PARK AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: MCCOLLUM, JIM  
Address: 301 WEST BAY ST. SUITE 1100  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: THOMPSON, CAROL  
Address: 24905 MARSH LANDING PARKWAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: WALLACE, STEVEN  
Address: 501 WEST STATE ST.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: MCGIVNEY, DIANE  
Address: 100 FESTIVAL PARK AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: WHITE, ROBERT  
Address: 10060 SKINNER LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCCOLLUM, JIM  
Address: 4995 SPANISH OAKS CIRCLE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MORALES, RICARDO  
Address: 6950 PHILLIPS HIGHWAY SUITE #15  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) 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 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: MICHAEL T. BOYLAN

P

03/26/2007

Electronic Signature of Signing Officer or Director

Date