

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701168

Entity Name: WJCT, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

100 FESTIVAL PARK 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 AVE
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: COOK, SANDRA L
Address: 140 LAUREL LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

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

Title: D (X) Change () Addition
Name: CHALLY, PAMELA
Address: 4567 ST. JOHNS BLUFF ROAD SOUTH BLDG 39
City-St-Zip: JACKSONVILLE, FL 32212

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

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

Title: D (X) Change () Addition
Name: WHITE, ROBERT
Address: 10060 SKINNER LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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: MICHAEL T. BOYLAN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date