DOCUMENT #702639

1. Entity Name

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90065 009 ****61.25

JACKSOI	NVILLE UNIVERSITY PROPE		•					
IACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD NORTH		Mailing Address JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD NO JACKSONVILLE, FL 32211			18 BIINN 1117N 1811 87011 87	DII BIB IC B 1 B 11	.	f
		3. Mailing Address 2800 Universi	ity Blvd. N					
Suite, Apt. #, etc.		suite, Apt. #, etc. ATTN: Ellen Paige		1	ECK HERE IF MAKING	CHANGES		
City & State		Gry&State Jacksonville, FL		4. FEI Number 59-4	0624412	<u> </u>	oplied For ot Applicable	
Z ip		32211	Country USA	5. Certificate of Statu	s Desired	\$8.75 Add Fee Require		
	Name and Address of Current Re	Name	7. Name and Address of New Registered Agent Name					
WILEY, JOSEPH L 2800 UNIVERSITY BLVD. N. JACKSONVILLE, FL. 32211			Street Address ((P.O. Box Number is Not Acceptable)			
OACHOON IZZZ, V Z. OZZYV								1
			City		FL	Zip Cod	e	
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 .								
Maria Calaboration Common Maria Calaboration	Signaturé, typed ör printéd name of régistéréd agént and representations de la company de la compan	d title if applicable. (NOTE: R	Payistarad Ayantsiynatura raquirat	d when reinstating)	CATE	delengen der der ster einer der Ge		5
, FILE NOW: FEE IS \$61:25		9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make Chec) Florida Depart			Mary Control of the C
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN		- -
TITLE NAME STREET ADDRESS CITY-ST-ZP	STD WILEY, JOSEPH L 2800 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	20/01/10/02
TITLE NAME STREET ADDRESS CITY-ST-ZP	PD HARLOW, DAVID L 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	٤
TITLE NAME STREET ADDRESS CITY-ST-2P	DV MOORE, GARY A 2800 UNIVERSITY BLVD. N JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASCONE, MICHAEL 4800 DEERWOOD CAMPUS PARK JACKSONVILLE, FL 32246	⊠ Dekte <₩AY	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	TD FOSTER, RONALD H SR 2900 HARTLEY RD JACKSONVILLE, FL 32257	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 517, 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. scenariume and typed on printed name of signing officer or birector

SIGNATURE:

Joseph L. Wiley 4/24/03 904-256-7024

EECTOR Case Carrier Proces