

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703043

FILED
Apr 16, 2007
Secretary of State

Entity Name: JACKSONVILLE UNIVERSITY

Current Principal Place of Business:

2800 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

2800 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0624412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 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: D () Delete
Name: CASONE, MICHAEL JR.
Address: 2111 CORPORATE SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ANDERSON, JOHN E
Address: 1801 ART MUSEUM DRIVE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: GALLOWAY, WAYNE A
Address: 1193 PONTE VEDRA BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: AUTREY, RON A
Address: 2251ROSSELLE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D/C () Delete
Name: SHAD, MIKE
Address: 1022 PARK STREET, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32204

Title: V () Delete
Name: CROSBY, WILLIAM M
Address: 2800 UNIVERSITY BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ROMESBURG, KERRY D
Address: 2800 UNIVERSITY BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: VD (X) Change () Addition
Name: AUTREY, RON A
Address: 2251 ROSSELLE STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: WILLIAM M. CROSBY

V

04/16/2007

Electronic Signature of Signing Officer or Director

Date