

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703043

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: JACKSONVILLE UNIVERSITY

**Current Principal Place of Business:**

2800 UNIVERSITY BLVD NORTH  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

2800 UNIVERSITY BLVD NORTH  
FINANCIAL AFFAIRS  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

2800 UNIVERSITY BLVD NORTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

2800 UNIVERSITY BLVD NORTH  
FINANCIAL AFFAIRS  
JACKSONVILLE, FL 32211

FEI Number: 59-0624412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: CASCONE, MICHAEL JR.  
Address: 2111 CORPORATE SQUARE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

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

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: 2251 ROSSELLE 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: SCADUTO, GEORGE C  
Address: 2800 UNIVERSITY BLVD. N.  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S/D (X) Change ( ) Addition  
Name: STEIN, LINDA B  
Address: 6750 EPPING FOREST WAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: TD (X) Change ( ) Addition  
Name: GODFREY, JOHN M  
Address: 4849 ORTEGA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

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

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 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: GEORGE C SCADUTO

V

02/17/2009

Electronic Signature of Signing Officer or Director

Date