


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 704444</b> 1. Entity Name <b>CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210</b>			Mailing Address <b>4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6161532</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLSHOUSER, ERIC J. 800 WEST MONROE STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, JOHN Q 2309 JOSE CIRCLE NORTH JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>400110519154</b>  <b>10/09/07--01016--003 **61.25</b> </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, REBECCA 4811 BEACH BOULEVARD, SUITE 200 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weatherby, Michael 4062 Cordova Avenue Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CATHERINE 4631 ALGONQUIN AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parker, Ava D 101 East Union Street Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JAYNE B 6439 WOOD VALLEY ROAD JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BARTON, TERESA K 4250 LAKESIDE DRIVE, SUITE 300 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Owen, Ronald M 3737 Seminary Road Alexandria, VA 22301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORGENSEN, MICHAEL E 7555 BEACH BOULEVARD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Harrison, Edward H 256 East Church Street Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Teresa Barton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				09-26-07 904.807.1240 <small>Date Daytime Phone #</small>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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