

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# 705599

Entity Name: JONES COLLEGE

Current Principal Place of Business:

5353 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

5353 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0587238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DOROTHY D.
5353 ARLINGTON EXPRSWY STE 410
JACKSONVILLE, FL 32211 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: PD () Delete
Name: JONES, DOROTHY D.,
Address: 5353 ARLINGTON EXPWY #11-E
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BREWE, JOYCE
Address: 244 MCCLAIN DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: JONES, KENNETH L.,
Address: 5353 ARLINGTON EXPWY #8-I
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: PIEROTTI, JOSEPH
Address: PO BOX 3348
City-St-Zip: ST AUGUSTINE, FL 32085

Title: TD () Delete
Name: DANE, KATHERINE
Address: 12320 TIGER CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: KATHLEEN, GERDING
Address: 8012 DEGAS COURT
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: DOROTHY D. JONES

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date