


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90034 023 \*\*\*\*61.25

**DOCUMENT # 705599**

1. Entity Name  
**JONES COLLEGE**



Principal Place of Business  
**5353 ARLINGTON EXPRESSWAY  
 JACKSONVILLE, FL 32211**

Mailing Address  
**5353 ARLINGTON EXPRESSWAY  
 JACKSONVILLE, FL 32211**


2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

**60007404**



03052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0587238** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**JONES, DOROTHY D.  
 5353 ARLINGTON EXPRSWY STE 410  
 JACKSONVILLE, FL 32211**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DOROTHY D. 5353 ARLINGTON EXPWY #11-E JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWE, JOYCE 244 MCCLAIN DRIVE MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KENNETH L. 5353 ARLINGTON EXPWY #8-I JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEROTTI, JOSEPH PO BOX 3348 ST AUGUSTINE, FL 32085	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANE, KATHERINE 12320 TIGER CREEK LANE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATHLEEN, GERDING 8012 DEGAS COURT JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Barber 7285 Manning Cemetery Rd Jacksonville, FL 32234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Wrobleski 7609 Rain Forest Drive N Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:**  **Dorothy D. Jones, P/D** **03/07/07** **904-743-1122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #