

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90211 019 \*\*\*\*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

02262008

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 EXPWSY STE 410  
JACKSONVILLE, FL 32211**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD ☐ Delete  
NAME JONES, DOROTHY D.  
STREET ADDRESS 5353 ARLINGTON EXPWY #11-E  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE D ☐ Delete  
NAME BREWE, JOYCE  
STREET ADDRESS 244 MCCLAIN DRIVE  
CITY - ST - ZIP MELBOURNE, FL 32904

TITLE D ☐ Delete  
NAME JONES, KENNETH L.  
STREET ADDRESS 5353 ARLINGTON EXPWY #8-I  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE D ☐ Delete  
NAME PIEROTTI, JOSEPH  
STREET ADDRESS PO BOX 3348  
CITY - ST - ZIP ST AUGUSTINE, FL 32085

TITLE TD ☐ Delete  
NAME DANE, KATHERINE  
STREET ADDRESS 12320 TIGER CREEK LANE  
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE SD ☐ Delete  
NAME KATHLEEN, GERDING  
STREET ADDRESS 8012 DEGAS COURT  
CITY - ST - ZIP JACKSONVILLE, FL 32277

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

TITLE D Mary Barber ☐ Change ☒ Addition  
NAME 7285 Manning Cemetery Rd  
STREET ADDRESS Jacksonville, FL 32234  
CITY - ST - ZIP

TITLE D Cheryl Wroblewski ☐ Change ☒ Addition  
NAME 7609 Rain Forest Drive N  
STREET ADDRESS Jacksonville, FL 32277  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy D. Jones P/D

2-27-08 904-743-1122  
Date Daytime Phone #