

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705599

FILED
Feb 14, 2012
Secretary of State

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
Name: JONES, DOROTHY D
Address: 5353 ARLINGTON EXPWY #11-E
City-St-Zip: JACKSONVILLE, FL 32211 US

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

Title: D
Name: JONES, KENNETH
Address: 5353 ARLINGTON EXPWY #8-I
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D
Name: PIEROTTI, JOSEPH
Address: 140 TANAGER RD.
City-St-Zip: ST AUGUSTINE, FL 32086 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY D JONES

PD

02/14/2012

Electronic Signature of Signing Officer or Director

Date