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Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90186 011 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709028

90058590

1. Entity Name
THE ARC JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1050 NORTH DAVIS STREET JACKSONVILLE, FL 32209 US	1050 NORTH DAVIS STREET JACKSONVILLE, FL 32209 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-6209603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTAKER, JAMES 1050 NORTH DAVIS ST JACKSONVILLE, FL 32209	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's signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JOHNSON, DEBBIE 4600 BEACH BLVD JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AYALA, DAVID 301 W BAY ST JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERMANY, JOHN 60 NORTH LAURAST JACKSONVILLE, FL 32201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUTOS, STEVEN 1424 FALCONHEAD CT JACKSONVILLE, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MORAN, BERNADETTE 3312 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONKLIN, BOB 111 RIVERSIDE AVENUE, SUITE 210 JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEIL, WALTER 12921 PALMETTO GLADE DR. JACKSONVILLE, FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALVORSON, DIANE 825 MAPLE TOP TERRACE JACKSONVILLE, FL 32209	☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/11/03 904-355-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #