## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#712199**

FILED Jan 14, 2009 Secretary of State

Entity Name: JACKSONVILLE COMMUNITY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

2434 ATLANTIC BLVD SUITE 100

JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

2434 ATLANTIC BLVD SUITE 100

JACKSONVILLE, FL 32207 US

FEI Number: 59-1163905 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAMER, CHARLES R 2434 ATLANTIC BLVD SUITE 100 JACKSONVILLE, FL 32207 US

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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 AUTREY, RON
 Name:
 MARLIER, CARLA

 Address:
 PO BOX 1799
 Address:
 12663 MUIRFIELD BLVD S

 City-St-Zip:
 JACKSONVILLE, FL 32201
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: V ( ) Delete Title: V (X) Change ( ) Addition

Name: JACKSON, HELEN Name: ARAB, CHRISTINE

Address: 8008 WHISPER LAKE LANE E. Address: 1521 PENMAN ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: NEPTUNE BEACH, FL 32266

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: JACKSON, HELEN Name: WHITE, QUINTON A

Address: 8008 WHISPER LAKE LANE E Address: 3736 DARNALL PL
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: JACKSONVILLE, FL 32217

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WHITE, QUINTON
 Name:

 Address:
 2800 UNIVERSITY BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLA MARLIER T 01/14/2009