


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90081 031 ****61.25

DOCUMENT # 714162					
1. Entity Name URBAN JACKSONVILLE, INC.					
Principal Place of Business 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210		Mailing Address 4250 LAKESIDE DR 300 JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7024899	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLSHOUSER, ERIC J. 800 WEST MONROE ST JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, JOHN Q	NAME			
STREET ADDRESS	2309 SAN JOSE CIRCLE NIRTH	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
TITLE	VC <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARRISON, EDWARD H	NAME	Catherine Richardson		
STREET ADDRESS	256 EAST CHURCH STREET	STREET ADDRESS	4631 Algonquin Avenue		
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	Jacksonville FL 32210		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JORGENSEN, MIKE E	NAME	Ronald M. Owen		
STREET ADDRESS	7555 BEACH BLVD	STREET ADDRESS	3737 Seminary Road		
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	Alexandria, Virginia 22304		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTON, TERESA K	NAME	Ava L. Parker		
STREET ADDRESS	4250 LAKESIDE DRIVE, SUITE 300	STREET ADDRESS	101 East Union Street, Suite 200		
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	Jacksonville FL 32202		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERG, REBECCA	NAME	Michael Weatherly		
STREET ADDRESS	4811 BEACH BOULEVARD	STREET ADDRESS	4062 Cordova Avenue		
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	Jacksonville FL 32207		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, JAYNE B	NAME			
STREET ADDRESS	6439 WOOD VALLEY ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	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: <i>Darby R. Stuberfeld</i>		3/25/08		(904) 807 1320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	