

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718055

FILED
Jan 05, 2009
Secretary of State

Entity Name: JACKSONVILLE MECHANICAL CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

489 STEVENS STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

489 STEVENS STREET
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 23-7159813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON III
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE, FL 32202 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 () Delete
Name: WOOD, MICHAEL W.
Address: 6640 ARLINGTON RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: KEARNS, JEFFREY A
Address: P.O. BOX 57306
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD () Delete
Name: CLARK, BENJAMIN H
Address: 2572 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOD, MICHAEL W
Address: 6640 ARLINGTON RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD (X) Change () Addition
Name: CARVER, RICHARD T
Address: 3300 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
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: MICHAEL W. WOOD

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date