

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720262

FILED
Jan 14, 2009
Secretary of State

Entity Name: COMMUNITY CONNECTIONS OF JACKSONVILLE, INC.

Current Principal Place of Business:

327 EAST DUVAL STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41086
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-0624472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANNAN, PATRICIA I.
327 EAST DUVAL STREET
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: TD () Delete
Name: ARDITTI, MARY
Address: 141 SEA LILY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: LUKASZEWSKI, MICHAEL
Address: 800 PRUDENTIAL DRIVE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: ED () Delete
Name: HANNAN, PATRICIA I
Address: 7660 HUNTER'S GROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CROFT, CHERYL
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BURNS, SUSAN E
Address: 501 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: D'ALISERA, LAURA
Address: 515 N JULIA ST. #400
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA I. HANNAN

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date