

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720262

FILED
Jan 04, 2010
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 ()

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
Name: ARDITTI, MARY
Address: 141 SEA LILY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY ARDITTI

TD

01/04/2010

Electronic Signature of Signing Officer or Director

Date