

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726212

1. Entity Name

VOLUNTEER JACKSONVILLE, INC.

Principal Place of Business

4049 WOODCOCK DR SUITE 100
JACKSONVILLE FL 32207
US

Mailing Address

4049 WOODCOCK DR SUITE 100
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1466484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JUDITH A
4048 WOODCOCK DRIVE, STE 100
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRUNSON, LAURA J
STREET ADDRESS 2527 HIRSH AV
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE D
NAME FLOWER, GARY P
STREET ADDRESS DUVAL COUNTY COURTHOUSE 318
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE D
NAME MCKIBBIN, GLENN
STREET ADDRESS 117 W DUVAL ST 215
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE TD
NAME GREEN, SUSAN
STREET ADDRESS 200 FIRST ST STE B
CITY-ST-ZIP NEPTUNE BEACH FL 32268 ☒ Delete

TITLE D
NAME MOBBS, MARSHA
STREET ADDRESS 4800 DEER LAKE DR E 1A
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Delete

TITLE D
NAME MYERS, MARSHA
STREET ADDRESS 9424 BAYMEADOWS RD 101
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Atkins, Joy
STREET ADDRESS 8001 Baymeadows Road
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE D
NAME Bentley, Bill
STREET ADDRESS 1400 I Street, NW., #900
CITY-ST-ZIP Washington, DC 20005 ☐ Change ☒ Addition

TITLE D
NAME Norman, Mari-Esther
STREET ADDRESS 1460 Vantage Way
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE PD
NAME Orr, Kathy
STREET ADDRESS 8381 Dix Ellis Trail, JMAI
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE D
NAME Mobbs, Deborah
STREET ADDRESS 4800 Deer Lake Drive E., 1A
CITY-ST-ZIP Jacksonville, FL 32246 ☒ Change ☐ Addition

TITLE TD
NAME Richardson, Laurel A.
STREET ADDRESS 5911 Arlington Road
CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH A. M. SMITH

28 MAR 02

Date

904-398-7777

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726212

1. Entity Name

VOLUNTEER JACKSONVILLE, INC.

Principal Place of Business
4049 WOODCOCK DR SUITE 100
JACKSONVILLE FL 32207
US

Mailing Address
4049 WOODCOCK DR SUITE 100
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Co.

Zip

Country

4. FEI Number

59-1553484

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address

Current Registered Agent

7. Name and Address of New Registered Agent

Name

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust and Contribution ☐

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BRUNSON, LAURA J	2527 HIRSH AV	JACKSONVILLE FL 32218	☒
D	FLOWER, GARY R	DUVAL COUNTY COURTHOUSE 318	JACKSONVILLE FL 32202	☒
D	MCKIBBIN, GLENN	117 W. DUVAL ST 215	JACKSONVILLE FL 32202	☐
TD	GREEN, SUSAN	200 FIRST ST STE B	NEPTUNE BEACH FL 32266	☒
D	MOBBS, MARSHA	4800 DEER LAKE DR E 1A	JACKSONVILLE FL 32246	☒
D	MYERS, MARSHA	9424 BAYMEADOWS RD 101	JACKSONVILLE FL 32256	☒

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	Schmidt, Joseph D.	P. O. Box 10669	Jacksonville, Florida 32247	☐	☒
D	Bryant, Thomas	900 University Blvd., N#501	Jacksonville, Florida 32211	☐	☒
SD	McKibbin, Glenn	117 W. Duval St. 215	Jacksonville, FL 32202	☒	☐
	EXECUTIVE DIRECTOR	JUDITH A.M. SMITH	4049 WOODCOCK DR STE 100	☐	☒
		JACKSONVILLE, FL	32207	☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EXECUTIVE DIRECTOR
(CEO)

22 Mar 02

904-398-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Only

Daytime Phone #

CR2EN37 (9/01)

ATTACHMENT DOC #: 726212 / 
26431

VOLUNTEER JACKSONVILLE 2002 BOARD OF DIRECTORS

<u>Name</u> <u>Voting Members</u>	<u>Company</u>	<u>Address</u>	<u>Phone</u>	<u>FAX</u>	<u>E-Mail Address</u>
Joy Atkins	State Farm	8001 Baymeadows Road Jacksonville, FL 32256	(904) 443-4796	(904) 443-5154	joy.atkins.avzu@statefarm.com joyta@aol.com
Bill Bentley	Points of Light Foundation	1400 I Street, N. W., #900 Washington, DC 20005	(202) 729-8147	(202) 263-9160	bbentley@pointsoflight.org
Gary P. Flower	County Court Judge	Duval County Courthouse, #316 Jacksonville, FL 32202	(904) 630-7136	(904) 630-2957	gflower@coj.net
Glenn McKibbin <i>Secretary</i>	Adult Services Division City of Jacksonville	117 W. Duval Street, #215 Jacksonville, FL 32202	(904) 630-3450	(904) 630-3452	mckibbin@coj.net
Deborah Mobbs	Merrill Lynch	4800 Deer Lake Drive, E., #1A Jacksonville, FL 32246	(904) 218-5932	(904) 218-5925	dmobbs@pclient.ml.com
Marsha Myers	Lee Hecht Harrison	9428 Baymeadows Road, #250 Jacksonville, FL 32256	(904) 731-0540	(904) 731-0510	marsha_myers@lhh.com
Mari-Esther Norman	Household International	1460 Vantage Way Jacksonville, FL 32218	(904) 741-1274	(904) 741-1287	mcnorman@household.com
Kathy Orr <i>President</i>	Blue Cross Blue Shield of Florida	8381 Dix Ellis Trail, JMA1 Jacksonville, FL 32256	(904) 363-5367	(904) 363-5387	kathy.orr@navigy.com
Laurel A. Richardson <i>Treasurer</i>	SAV-TAX, Inc.	5911 Arlington Road Jacksonville, FL 32211	(904) 743-4533	(904) 743-5921	lala316@aol.com
Joseph D. Schmidt <i>Vice President</i>	American Public Dialogue	P. O. Box 10669 Jacksonville, FL 32247	(904) 724-1955	(904) 724-3677	joe@publicdialogue.com
Ex-Officio Members Judith A. M. Smith (ED) <i>Executive Director</i>	Volunteer Jacksonville Inc.	4049 Woodcock Drive, #100 Jacksonville, FL 32207	(904) 398-7777	(904) 346-4438	ceo@volunteerjacksonville.org
Blueprint Member Thomas Bryant <i>(Blueprint)</i>	Duval County Health Department	900 University Blvd., N., #501 Jacksonville, FL 32211	(904) 665-2263	(904) 745-3005	thomas_bryant@doh.state.fl.us
(10 - Voting Members)	(1 - Ex-Officio Members)	(1 - Blueprint Member)	Total (12)		Revised: 02/01/02