
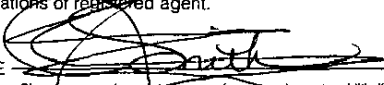
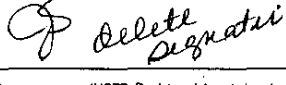
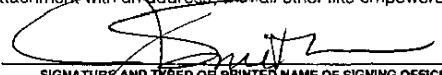


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


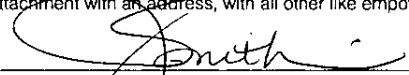
**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90077 023 \*\*\*\*61.25

<b>DOCUMENT # 726212</b>			
1. Entity Name <b>VOLUNTEER JACKSONVILLE, INC.</b>			
Principal Place of Business <b>4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 US</b>		Mailing Address <b>4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>SMITH, JUDITH A 4046 WOODCOCK DRIVE, STE 100 JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <i>delete signature</i>  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED <del>SMITH, JUDITH A</del> <del>4049 WOODCOCK DRIVE, STE 100</del> <del>JACKSONVILLE FL 32207</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENHUT, JUDI 11012 FRISCO LANE JACKSONVILLE, FL. 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>FRANKOUSKY, ROBERT X</del> <del>510 HIGHWAY A1A NORTH</del> <del>ROUTE VEDRA BEACH FL 32082</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDICK, KENNETH 7330 LEM TURNER ROAD JACKSONVILLE, FL. 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>ATKINS, JOY X</del> <del>901 KAYMEADOWS ROAD</del> <del>JACKSONVILLE FL 32236</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELEVAN, LINDA 103 ANNAPOLIS LANE PONTE VEDRA BEACH, FL. 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <del>BENTLEY, BILLY X</del> <del>1401 STREET NW #100</del> <del>WASHINGTON DC 20005</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, BRENDA DR. 4501 CAPPER ROAD JACKSONVILLE, FL. 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <del>NORMAN, MARSHY HEE</del> <del>1401 STREET NW #100</del> <del>JACKSONVILLE FL 32208</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>COLE, ROBERT X</del> <del>4026 EAST WINDSON PARK DRIVE</del> <del>JACKSONVILLE FL 32224</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		04/14/04 Date 904-398-7777 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

<b>DOCUMENT # 726212</b> 1. Entity Name <b>VOLUNTEER JACKSONVILLE, INC.</b>					
Principal Place of Business <b>4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 US</b>			Mailing Address <b>4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 US</b>		
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 <b>59-1466484</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SMITH, JUDITH A 4046 WOODCOCK DRIVE, STE 100 JACKSONVILLE FL 32207</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____				<b>14002928</b> 	
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  <i>delete</i> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>SMITH, JUDITH A M</b> <b>4049 WOODCOCK DRIVE, #100</b> <b>JACKSONVILLE FL 32207</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ORR, KATHY G</b> <b>133 RETREAT PLACE</b> <b>PONTE VEDRA BEACH, FL. 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANSKOUSKY, ROBERT</b> <b>510 HIGHWAY A1A NORTH</b> <b>PONTE VEDRA BEACH FL 32082</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, JUDITH A.M.</b> <b>4049 WOODCOCK DR., SUITE 100</b> <b>JACKSONVILLE, FL. 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATKINS, JOY</b> <b>8001 BAYMEADOWS ROAD</b> <b>JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>FRANSKOUSKY, ROBERT</b> <b>510 HIGHWAY A1A NORTH</b> <b>PONTE VEDRA BEACH, FL. 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BENTLEY, BILL</b> <b>1400 I STREET NW #900</b> <b>WASHINGTON DC 20005</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENTLEY, BILL</b> <b>1400 I STREET NW, #900</b> <b>WASHINGTON, D.C. 20005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NORMAN, MARI-ESTHER</b> <b>1460 VANTAGE WAY</b> <b>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RICHARDSON, LAUREL</b> <b>5911 ARLINGTON ROAD</b> <b>JACKSONVILLE, FL. 32211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLD, ROBERT DR.</b> <b>4026 EAST WINDSOR PARK DRIVE</b> <b>JACKSONVILLE FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLATT, STEPHEN</b> <b>4500 SALISBURY ROAD, SUITE 200</b> <b>JACKSONVILLE, FL. 32216</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>05/11/04</b> <b>(904) 398-7777</b> <small>Date Daytime Phone #</small>		