2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90054 042 ****70.00

1. Entity Nam VOLUNTE	MENT # 726212 BER JACKSONVILLE, INC.						0 90034	- · · <u>-</u>	
	e of Business COCK DR SUITE 100 E, FL 32207 US	Mailing Address 4049 WOODCOCK DR S JACKSONVILLE, FL 322				,			
2. Principal P	lace of Business XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3. Mailing Address (8/150044)011 Sujte, Apt. #, etc.	nt Parkux	u/					
51	ute 1902	Suite 1900 City & State	2		01252006	Chg-NP		037 (11/05	Applied For
City & State	KSON VILLE, FI	Jacksonvill	le, FI		4. FEI Number 59-1466				Not Applicable
327	Country	32214	Country		5. Certificate o	f Status Desire	d 📭	\$8.75 A Fee Requi	
	6. Name and Address of Current F	tegistered Agent	Name		7. Name and	Address of Nev	w Registere	d Agent	
SMITH, JU			Street A	ddraes /P	O Aoy Number	is Not Accepta	thia)		.
	ODGOCK DRIVE, STE 100 VILLE, FL 32207		6	877		POINT	Par	Kway	<u>/</u>
			City	uite	1400			Zin Co	nde
& The above	named entity submits this statement for	the purpose of changing its		ack:	500 V 1/0	e in the State of	Florida La		216
	ions of registered agent.	the purpose of changing its	registered unice o	i rafitarerer	agent, or both	i, iii bie State Oi	riunua. Ta	in tariniai wii	ii, and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	E: Registered Agent signat	ure required wi	hen reinstating)		DATI	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE -	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006		npaign Financing		55.00 May Be	F	Make che lorida Dep	eck payable partment of	State 5
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.		55.00 May Be	F NGES TO OFFI	Make che lorida Dep	eck payable partment of DIRECTORS	State (N 10
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign Financing Contribution.	PD Fran	55.00 May Be added to Fees DITTIONS/CHA	NGES TO OFFI	Make che lorida Dep CERS AND	eck payable artment of DIRECTORS	State (N 10 Addition
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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: MORE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR