

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90054 042 ****70.00

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 6817 Southpoint Parkway Suite, Apt. #, etc. Suite 1902		3. Mailing Address 6817 Southpoint Parkway Suite, Apt. #, etc. Suite 1902	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32214		Zip 32214	
Country US		Country US	
4. FEI Number 59-1466484		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JUDITH A 4049 WOODCOCK DRIVE, STE 100 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway Suite 1902 City Jacksonville FL Zip Code 32214	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENHUNT, STEVEN 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Franskousky, Robert 510 AIA North Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, KENNETH 3753 JACOB COVE WAY JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Flatt, Stephen 4500 Salisbury Road, Ste. 200 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELEVAN, LINDA 103 ANNAPOLIS LANE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bentley, William 1400 I Street NW #900 Washington, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, BRENDA DR 4501 CAPPER ROAD JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Laura 112 PGA Tour Blvd. Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, MARI-ESTHER 1460 VANTAGE WAY JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florenca, Staci 13239 Hartwell Dr. Jacksonville, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, JOY 8001 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mari-Esther C. Norman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/22/06 904-741-1274 <small>Date Daytime Phone #</small>	