2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726212

FILED Apr 26, 2012 Secretary of State

Entity Name: HANDS ON JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

6817 SOUTHPOINT PKWY STE 1902 JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

6817 SOUTHPOINT PKWY STE 1902 JACKSONVILLE, FL 32216 US

FEI Number: 59-1466484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, JUDITH A 6817 SOUTHPOINT PKWY STE 1902 JACKSONVILLE, FL 32216 US

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: C/D

Name: MACFERRAN, DAN

Address: 4500 SALISBURY RD. STE 200 City-St-Zip: JACKSONVILLE, FL 32216

Title: VC/D

Name: BAJALIA, MARK
Address: 800 W. MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S/D

 Name:
 STUTTS, MARY

 Address:
 841 PRUDENTIAL DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: P/D

Name: SMITH, JUDITH A

Address: 6817 SOUTH POINT PKWY-STE 1902

City-St-Zip: JACKSONVILLE, FL 32216

Title: T/D

Name: BOWDEN, NICOLE

Address: 50 N. LAURA STREET STE 3000 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: JUDITH A.M. SMITH CEO 04/26/2012