

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 014 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, JUDITH A
4048 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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
NAME **SMITH, JUDITH A M**
STREET ADDRESS **4049 WOODCOCK DRIVE, #100**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANSKOUSKY, ROBERT**
STREET ADDRESS **510 HIGHWAY A1A NORTH**
CITY-ST-ZIP **PONTE VEDRA BEACH, FLORIDA 32082**

TITLE **D** ☒ Delete
NAME **FLOWER, GARY P**
STREET ADDRESS **DUVAL COUNTY COURTHOUSE 316**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Change ☒ Addition
NAME **GOLD, ROBERT DR.**
STREET ADDRESS **4026 EAST WINDSOR PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32224**

TITLE **D** ☐ Delete
NAME **ATKINS, JOY**
STREET ADDRESS **8001 BAYMEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Change ☒ Addition
NAME **WALKER, JULIE**
STREET ADDRESS **10151 DEERWOOD PARK BLVD. B300 4th FLOOR**
CITY-ST-ZIP **Jacksonville, Florida 32256**

TITLE **TD** ☐ Delete
NAME **BENTLEY, BILL**
STREET ADDRESS **1400 I STREET NW #900**
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE **D** ☐ Change ☒ Addition
NAME **OVERBY, JULIANNE N.**
STREET ADDRESS **4651 SALISBURY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32256**

TITLE **D** ☐ Delete
NAME **NORMAN, MARI-ESTHER**
STREET ADDRESS **1460 VANTAGE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **SD** ☒ Change ☐ Addition
NAME **NORMAN, MARI-ESTHER**
STREET ADDRESS **1460 VANTAGE WAY**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32218**

TITLE **D** ☒ Delete
NAME **MYERS, MARSHA**
STREET ADDRESS **9424 BAYMEADOWS RD 101**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VD** ☒ Change ☐ Addition
NAME **MCKIBBIN, GLENN**
STREET ADDRESS **117 WEST DUVAL STREET # 215**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32202**

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 REQUIRED

03/14/03

904-398-7777

CR2E037 (10/02)

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State, Apt. #, etc.

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Zip

Country

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☐ Added For

☐ Not Applicable

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JACKSONVILLE FL 32207

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Name

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

City

FL

Do Not Use

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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

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Trust Fund Contribution ☐

\$5.00 May Be
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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME SMITH, JUDITH A M
STREET ADDRESS 4049 WOODCOCK DRIVE, #100
CITY-STATE-ZIP JACKSONVILLE FL 32207

TITLE ☒ Delete
NAME FLOWER, GARY P
STREET ADDRESS DUVAL COUNTY COURTHOUSE 316
CITY-STATE-ZIP JACKSONVILLE FL 32202

TITLE ☐ Delete
NAME ATKINS, JOY
STREET ADDRESS 3001 BAYMEADOWS ROAD
CITY-STATE-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME BENTLEY, BILL
STREET ADDRESS 1400 I STREET NW #900
CITY-STATE-ZIP WASHINGTON DC 20005

TITLE ☐ Delete
NAME NORMAN, MARI-ESTHER
STREET ADDRESS 1460 VANTAGE WAY
CITY-STATE-ZIP JACKSONVILLE FL 32213

TITLE ☐ Delete
NAME MYERS, MARSHA
STREET ADDRESS 9424 BAYMEADOWS RD 101
CITY-STATE-ZIP JACKSONVILLE FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME D BENTLEY, BILL
STREET ADDRESS 1400 I STREET NW#900
CITY-STATE-ZIP WASHINGTON, DC 20005

TITLE ☒ Change ☒ Addition
NAME PD ORR, KATHY G.
STREET ADDRESS 8381 DIX ELLIS-TRAIL, JMA1
CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32256

TITLE ☐ Change ☒ Addition
NAME TD RICHARDSON, LAUREL A.
STREET ADDRESS 5911 ARLINGTON ROAD
CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this report is true and correct and that I am familiar with, and I accept the obligations of registered agent.

2003 Volunteer Jacksonville Board of Directors

Name	Company	Address	Phone	FAX	EEmail
Joy Atkins (VM) ✓	State Farm	8001 Baymeadows Road Jacksonville, FL 32256	(904) 443-4796	(904) 443-5154	joy.atkins.avzu@statefarm.com
Bill Bentley (VM) ✓	Points of Light Foundation	1400 I Street, N. W., #900 Washington, DC 20005	(202) 729-8147	(202) 263-9160	bbentley@pointsoflight.org
Bob Franskousky (VM)	Merill Lynch	510 Highway A1A North Ponte Vedra Beach, FL 32082	(904) 273-3877	(904) 273-1909	Robert_Franskousky@ml.com
Robert L. Gold (VM)	Professor	4026 East Windsor Park Drive Jacksonville, FL 32224	(904) 992-8992	None	rlgold@worldnet.att.net
Glenn McKibbin (VM) Vice President	Adult Services Division City of Jacksonville	117 W. Duval Street, #215 Jacksonville, FL 32202	(904) 630-3450	(904) 630-3452	mckibbin@coj.net
Mari-Esther Norman (VM) Secretary	Household International	1460 Vantage Way Jacksonville, FL 32218	(904) 741-1274	(904) 741-1287	mcnorman@household.com
Kathy G. Orr (VM) President	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 (VM) Treasurer	SAV-TAX, Inc.	5911 Arlington Road Jacksonville, FL 32211	(904) 743-4533	(904) 743-5921	lala316@aol.com
Julie Walker (VM)	Chase Manhattan Mortgage Corp.	10151 Deerwood Park Boulevard Building 300, 4th Floor Jacksonville, FL 32256	(904) 620-6585	(904) 620-6551	julie.walker@chase.com
Judith A. M. Smith (XO) Executive Director	Volunteer Jacksonville	4049 Woodcock Drive, Suite 100 Jacksonville, FL 32207	(904) 398-7777	(904) 346-4438	judy@volunteerjacksonville.org
Julianne N. Overby (XO) Blueprint Intern	Reynolds, Smith & Hills	4651 Salisbury Road Jacksonville, FL 32256	(904) 296-2000	(904) 279-2491	julianne.overby@rsandh.com
(VM) - Voting Members - 9	(XO) - Ex-Officio Non-voting Member - 1	(XO) - Ex-Officio Non-voting Blueprint Member - 1	Total Board Members - 11		As Of: 01/22/03

Attachment

90058887

#726212