

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 044 ****70.00

DOCUMENT # 732847

1. Entity Name
THE CFA SOCIETY OF JACKSONVILLE, INC.



40089531

Principal Place of Business
**1579 THE GREENS WAY
SUITE 20
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1579 THE GREENS WAY
SUITE 20
JACKSONVILLE BEACH, FL 32250**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number **591606008** Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANOCKO, JOSEPH T
4900 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32256**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JANOCKO, JOSEPH T**
CITY-ST-ZIP **4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FURFINE, DAVID A**
CITY-ST-ZIP **1579 THE GREENS WAY
JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BRIGGS, FRED**
CITY-ST-ZIP **4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ZARKOVICH, ERIC P**
CITY-ST-ZIP **225 WATER ST., 5TH FLOOR
JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LUNDY, JUNE L**
CITY-ST-ZIP **225 WATER ST., 5TH FLOOR
JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAIRD, WILLIAMS JR**
CITY-ST-ZIP **214 HOGAN ST
JACKSONVILLE, FL 32250**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Dimitri Kavalieros**
CITY-ST-ZIP **4803 Deer Lake Dr
Jacksonville, FL 32246**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Jeff Bernardo**
CITY-ST-ZIP **1551 Atlantic Blvd
Jacksonville, FL 32207**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Dale Hilken**
CITY-ST-ZIP **3563 Phillips Hwy
Jacksonville, FL 32207**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Carlos Herrero**
CITY-ST-ZIP **4600 Touchton Rd East
Jacksonville, FL 32246**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Briggs Secretary

1/28/08 904-905-0302

Date

Daytime Phone #