

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735457

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE PROFESSIONAL AND BUSINESSMEN'S ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

5513 ROOSEVELT BLVD, 196
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

5513 ROOSEVELT BLVD, 196
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 59-1696487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, WADE MCK
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: PBD () Delete
Name: GRIFFIN, KIRBY
Address: 4619 ALGONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VDBD () Delete
Name: HAMPTON, WYCKE
Address: 4411 MILAM RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: BLANTON, HUGH
Address: 1846 MARGARET ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: TBD () Delete
Name: ELLER, STOCKTON
Address: 4364 GALIEO AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SBD () Delete
Name: SINCLAIR, ALEX
Address: 5375 ORTEGA FARMS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIFFIN, KIRBY
Address: 4619 ALGONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD (X) Change () Addition
Name: HAMPTON, WADE M
Address: 4675 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: SMITH, JOSEPH L
Address: 3058 HAWKSMORE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD (X) Change () Addition
Name: ELLER, STOCKTON
Address: 5728 SALERNO ROAD, WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD (X) Change () Addition
Name: SINCLAIR, ALEX
Address: 3948 3RD STREET, SOUTH, #176
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WADE MCK. HAMPTON

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date