2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 736343

Entity Name: MCDONALD'S JACKSONVILLE CO-OP ADVERTISING ASSOCIATION, INC.

Current Principal Place of Business:

428 WALNUT ST
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

428 WALNUT ST
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-1723976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUVAL, STEPHEN J CPA
428 WALNUT ST
GREEN COVE SPRINGS, FL 32043 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: PD ( ) Delete
Name: MULLINS, DAVE
Address: 12276 SAN JOSE BLVD., SUITE 311
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: AMEEN, DAVID
Address: 3792 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD ( ) Delete
Name: MORELAND, DEBBIE
Address: 8081 NORMANDY BLVD, #6
City-St-Zip: JACKSONVILLE, FL 32247

Title: TD ( ) Delete
Name: VAN LAERE, JAMES
Address: 1921 LAKE FOREST LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: BOOZER, MARK
Address: 154 SHELL DR
City-St-Zip: BRUNSWICK, GA 31520

Title: D ( ) Delete
Name: DUFFY, AWILDA
Address: 12086 FORT CAROLINE RD, SUITE 103
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES VAN LAERE TD 04/27/2009

Electronic Signature of Signing Officer or Director — Date