

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90034 006 ****61.25

DOCUMENT # 737607 1. Entity Name LEADERSHIP JACKSONVILLE, INC.					
Principal Place of Business 4049 WOODCOCK DR. STE. #200 JACKSONVILLE, FL 32207-2706			Mailing Address 4049 WOODCOCK DR. STE. #200 JACKSONVILLE, FL 32207-2706		
2. Principal Place of Business 4040 WOODCOCK DR. Suite, Apt. #, etc. SUITE 155		3. Mailing Address 4040 WOODCOCK DR. Suite, Apt. #, etc. SUITE 155			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-1718154	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCE, ISABELLE O 4049 WOODCOCK DR. STE. #200 JACKSONVILLE, FL 32207-2706				7. Name and Address of New Registered Agent Name Same name Street Address (P.O. Box Number is Not Acceptable) 4040 WOODCOCK DRIVE, SUITE 155 JACKSONVILLE City FL Zip Code 32207	
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 <u><i>Isabelle O Spence (ISABELLE O. SPENCE)</i></u> 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	IPP SCALES-TAYLOR, MADELINE MAY CLINIC- 4500 SAN PABLO RD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT JOHN BOTTARD R.S.# 10748 DEERWOOD PARK BLVD S. JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP SHALLEY, MICHAEL ST. JOE COMPANY, 245 RIVERSIDE AVE. JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMMEDIATE PAST PRES. SHALLEY, MICHAEL ST JOE CO, 245 RIVERSIDE AVE JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBP DRAKE, BARBARA J 1352 W. BEAVER JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARKIN SMITH, LINDA 1301 RIVERPLACE, STE 600 JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMSEY, SANDRA 6600 CORPORATE CENTER PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Isabelle O Spence</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/06 904-396-6263xt21 <small>Date Daytime Phone #</small>		