

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90051 050 ****61.25

DOCUMENT # 737607			
1. Entity Name LEADERSHIP JACKSONVILLE, INC.			
Principal Place of Business 4040 WOODCOCK DR. STE. #155 JACKSONVILLE, FL 32207		Mailing Address 4040 WOODCOCK DR. STE. #155 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPENCE, ISABELLE O 4040 WOODCOCK DR, STE 155 JACKSONVILLE, FL 32207		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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BOTTARO, JOHN 10748 DEERWOOD PK BLVD S JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTARO, JOHN 10748 DEERWOOD PK. BLVD S JACKSONVILLE, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IP SHALLEY, MICHAEL ST. JOE COMPANY, 245 RIVERSIDE AVE. JACKSONVILLE, FL 32202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S BOB SHOP, BEN 1502 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBP DRAKE, BARBARA J 1352 W. BEAVER JACKSONVILLE, FL 32209 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN SMITH, LINDA 1301 RIVERPLACE STE 600 JACKSONVILLE, FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IP LARKIN SMITH, LINDA 1301 RIVERPLACE, STE 600 JACKSONVILLE, FL 32207 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMSEY, SANDRA 6600 CORPORATE CENTER PARKWAY JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE RAMSEY, SANDRA 6600 CORPORATE CENTER PKWY JACKSONVILLE, FL 32216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPENCE, ISABELLE O 11 SEA WINDS LN EAST PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ 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>Isabelle O. Spence</u>		EXECUTIVE DIRECTOR 2/12/07 904 386-6263	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40020025



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1718154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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, 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PE
BOTTARO, JOHN
10748 DEERWOOD PK BLVD S
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IP
SHALLEY, MICHAEL
ST. JOE COMPANY, 245 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PBP
DRAKE, BARBARA J
1352 W. BEAVER
JACKSONVILLE, FL 32209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LARKIN SMITH, LINDA
1301 RIVERPLACE STE 600
JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
RAMSEY, SANDRA
6600 CORPORATE CENTER PARKWAY
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BOTTARO, JOHN
10748 DEERWOOD PK. BLVD S
JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/S
BOB SHOP, BEN
1502 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IP
LARKIN SMITH, LINDA
1301 RIVERPLACE, STE 600
JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PE
RAMSEY, SANDRA
6600 CORPORATE CENTER PKWY
JACKSONVILLE, FL 32216 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
SPENCE, ISABELLE O
11 SEA WINDS LN EAST
PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ 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: Isabelle O. Spence EXECUTIVE DIRECTOR 2/12/07 904 386-6263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAGE 2 INCLUDED

ATTACHMENT

40020025

PAGE 2

LEADERSHIP JACKSONVILLE, INC.
ADDITIONAL DIRECTORS

737607

Balanky, Michael (D)
1300 Riverplace Blvd, Suite 400
Jacksonville, FL 32207

Mallot, Jerry (D)
13128 Biggin Church road
Jacksonville, FL 32224

Canty, Stephen (D)
4601 Touchton Road East
Jacksonville, FL 32224

Mayfield, Karen (D)
8519 Heather Run Drive North
Jacksonville, FL 32256

Clark, David (D)
391 Tidewater Circle, West
Jacksonville, FL 32211

McCrary, Kendra (D)
1641 South McDuff Avenue
Jacksonville, FL 32205

Donnelly, William (D)
2301 Park Avenue, Suite 407
Orange Park, FL 32073

Price, Laurie (D)
1487 Belvedere Avenue
Jacksonville, FL 32205

Graham, Art (D)
15 North 16th Avenue
Jacksonville Beach, FL 32250

Slaphey, Susan (D)
4661 Empire Avenue
Jacksonville, FL 32207

Grebe, Michael (D)
801 West Bay Street
Jacksonville, FL 32204

Harris, Robert (D)
1837 Hendricks Avenue
Jacksonville, FL 32207

Hillegass, Marianne (D)
3561 Sanctuary Boulevard
Jacksonville Beach, FL 32250

Johnson, Sylvia (D)
7925 Merrill Road, Apt. 1905
Jacksonville FL 32277

Kelly, Ralph (D)
3959 Alcazar Avenue
Jacksonville, FL 32207

Kilgo, Nancy (D)
1647 Challen Avenue
Jacksonville, FLO 32205

Lipsky, Janice (D)
9087 Barnstaple Lane
Jacksonville, FL 32257