


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90074 031 ****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 <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PE	<input checked="" type="checkbox"/> Delete	TITLE	1PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTARO, JOHN		NAME	John Bottaro	
STREET ADDRESS	10748 DEERWOOD PK BLVD S		STREET ADDRESS	10748 DEERWOOD PK BLVD S	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	IP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALLEY, MICHAEL		NAME	SANDRA RAMSEY	
STREET ADDRESS	ST. JOE COMPANY, 245 RIVERSIDE AVE.		STREET ADDRESS	6600 CORPORATE CENTER PKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	PBP	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, BARBARA J		NAME	BEN BISHOP	
STREET ADDRESS	1352 W. BEAVER		STREET ADDRESS	1225 SALT CREEK ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	PONTEVEDRA BEACH, FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARKIN SMITH, LINDA		NAME	NANCY KILGO	
STREET ADDRESS	1301 RIVERPLACE STE 600		STREET ADDRESS	1647 CHALLEN AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMSEY, SANDRA		NAME	MIKE BALANKY	
STREET ADDRESS	6600 CORPORATE CENTER PARKWAY		STREET ADDRESS	833 WATERMAN RD N	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	M	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCE, ISABELLE O		NAME	MICHAEL BOYLAN	
STREET ADDRESS	11 SEA WINDS LN EAST		STREET ADDRESS	1829 MELROSE PLANTATION DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
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> ISABELLE O. SPENCE 1/08/08 904/396-6263					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

40002219
737607

11. Additions/Changes to Officers and Directors

D.

Stephen Canty
3807 Coopers Lake Road
Jacksonville, FL 32224

D

David Clark
391 Tidewater Circle W.
Jacksonville, FL 32211

D

William Donnelly
1793 Fern Lane
Orange Park, FL 32203

D

Michael Grebe
804 Hawks Nest Court
Ponte Vedra Beach, FL 32082

D

Robert Harris
1860 Epping Forest Way South
Jacksonville, FL 32217

D

Marianne Hillegass
3561 Sanctuary Boulevard
Jacksonville Beach, FL 32250

D.

Allison Korman
2463 Sunnyside Drive
Jacksonville, FL 32207

D.

Jerry Mallot
13128 Biggin Church Road
Jacksonville, FL 32224

D.

Kendra McCrary
1641 South McDuff Avenue
Jacksonville, FL 32205

D

Philip Mobley
6221 Quiet Country Lane
Jacksonville, FL 32218

D.

Laurie Price
1487 Belvedere Avenue
Jacksonville, FL 32205

D.

Sarah Sallas-Herring
11251 Brockton Place
Jacksonville, FL 32257

D.

Susie Slappey
4661 Empire Avenue
Jacksonville, FL 32207