


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90036 023 ****61.25

DOCUMENT # 741809 1. Entity Name DECORATIVE ARTISTS OF JACKSONVILLE, INC.					
Principal Place of Business 7633 LAS PALMAS WAY JACKSONVILLE, FL 32256 US			Mailing Address P.O. BOX 10975 JACKSONVILLE, FL 32247 US		
2. Principal Place of Business 275 Ranch Road			3. Mailing Address Suite, Apt. #, etc.		
City & State Ponte Vedra Beach FL			City & State Suite, Apt. #, etc.		
Zip 32082		Country		4. FEI Number 59-1795321	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DENRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: <u>Velora Wesch</u> Street Address (P.O. Box Number is Not Acceptable): <u>1335 Journeys End Lane</u> City: <u>Jacksonville</u> FL <u>32223</u>		
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>Velora Wesch</u> <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 September 6, 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					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAMOISK, THERESE		NAME	Patti Howell	
STREET ADDRESS	8501 ROCK KNOLL DR.		STREET ADDRESS	6221 Cheekmate Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCH, VELORA		NAME	Johnel Martin	
STREET ADDRESS	1335 JOURNEY'S END LANE		STREET ADDRESS	3012 Burpee Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFERTE-MAIN, PAULA		NAME		
STREET ADDRESS	1859 RIVERBLUFF RD N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CINDY		NAME	Mary Jane Mestrich	
STREET ADDRESS	5325 PINE AVE		STREET ADDRESS	1505 Freckle DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32203		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	2DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, TERRI		NAME		
STREET ADDRESS	1547 QUAIL ROOST LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, LARAINÉ		NAME		
STREET ADDRESS	275 RANCH RD.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
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>Velora P. Wesch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/08/06</u> <u>904-262-0462</u> <small>Date Daytime Phone #</small>		

50025179



08072006 Chg-NP CR2E037 (4/06)