

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -2 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743181

1. Entity Name
CATHEDRAL COURT, INC.



Principal Place of Business
4250 LAKESIDE DR
300
JACKSONVILLE, FL 32210

Mailing Address
4250 LAKESIDE DR
300
JACKSONVILLE, FL 32210



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1842385

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HOLSHOUSER, ERIC J.
800 WEST MONROE STREET
JACKSONVILLE, FL 32202

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

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME ANDERSON, JOHN Q
STREET ADDRESS 2309 JOSE CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D ☒ Change ☐ Addition
NAME 200110518182
STREET ADDRESS 10/09/07--01016--004 **\$61.25
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME HARRISON, EDWARD H JR
STREET ADDRESS 256 EAST CHURCH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE O ☐ Change ☒ Addition
NAME Barton, Teresa K
STREET ADDRESS 4250 Lakeside Drive
CITY-ST-ZIP Jacksonville, FL 32202

TITLE S ☐ Delete
NAME JORGENSEN, MICHAEL E
STREET ADDRESS 7555 BEACH BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICHARDSON, CATHERINE
STREET ADDRESS 4631 ALGONQUIN AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Change ☒ Addition
NAME Weatherby, Michael
STREET ADDRESS 4062 Cordova Avenue
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME BERG, REBECCA
STREET ADDRESS 4811 BEACH BOULEVARD, SUITE 200
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D ☐ Change ☒ Addition
NAME Owen, Ronald M
STREET ADDRESS 3737 Seminary Road
CITY-ST-ZIP Alexandria, VA 22301

TITLE D ☐ Delete
NAME PARKER, AVA D
STREET ADDRESS 101 EAST UNION STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE C ☐ Change ☒ Addition
NAME Hill, Jayne B
STREET ADDRESS 6439 Wood Valley Road
CITY-ST-ZIP Jacksonville, FL 32217

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-26-07

Date

904 807-1240

Daytime Phone #

10/9/07