

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90025 044 ****61.25

40100700



07192006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1940256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

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 September 6, 2006

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	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, LARRY J	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKHART, JAMES R	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCGOVERN, PAT	
STREET ADDRESS	293 RIDGELINE COURT	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SOLBERG, LAWRENCE A JR MD	
STREET ADDRESS	4500 SAN PABLO	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARIAS, HONOR ROBERTO A	
STREET ADDRESS	330 EAST BAY ST. ROOM 324	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PONDER-STANSEL, SUSAN	
STREET ADDRESS	4266 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD CAIRNS, SCOTT S.
STREET ADDRESS	MCQUIRE WOODS LLP, BANK OF AMERICA TOWER
CITY-ST-ZIP	50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD LEWIS, GENE
STREET ADDRESS	5207 FLEET LANDING BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/06 904-268-5200