2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# 745112

Entity Name: JACKSONVILLE CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

3 INDEPENDENT DR
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-1867407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE III, WALTER M
3 INDEPENDENT DR.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LEE, III, WALTER M	
Address:	3 INDEPENDENT DR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	T	( ) Delete
Name:	BEITZ, LYNETTE D	
Address:	3 INDEPENDENT DR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	S	( ) Delete
Name:	CONNELL, MEREDITH	
Address:	3 INDEPENDENT DR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	D	( ) Delete
Name:	SCHICKEL, JOHN J	
Address:	P.O.BOX 1860	
City-St-Zip:	JACKSONVILLE, FL 32201	
Title:	C	( ) Delete
Name:	HELMS, ROBERT W	
Address:	225 WATER ST, 11TH FL FL0105	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHICKEL, JOHN J	
Address:	PO BOX 1860	
City-St-Zip:	JACKSONVILLE, FL 32201 US	
Title:	C	(X) Change ( ) Addition
Name:	WALLACE, STEVEN R	
Address:	501 W STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32202 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER M. LEE III PD 03/26/2007

Electronic Signature of Signing Officer or Director — Date