2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
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:

3 INDEPENDENT DR
JACKSONVILLE, FL 32202 US

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:	PO BOX 1860	
City-St-Zip:	JACKSONVILLE, FL 32201 US	
Title:	C	( ) Delete
Name:	WALLACE, STEVEN R	
Address:	501 W STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	SCHMITT, JOHN R	
Address:	7 N. LAURA STREET	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	D	(X) Change ( ) Addition
Name:	TOWNSEND, RON	
Address:	13440 ELLSWORTH LANE	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:	C	( ) Change (X) 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 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 02/12/2008
Electronic Signature of Signing Officer or Director — Date