## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748973**

FILED Mar 21, 2007 Secretary of State

Entity Name: GREATER JACKSONVILLE AREA USO COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

**BOX 108** 

JACKSONVILLE, FL 32212

Current Mailing Address: New Mailing Address:

**BOX 108** 

JACKSONVILLE, FL 32212

FEI Number: 59-1052424 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCARTHY, KATHLEEN C 108 SHELBY'S COVE CT.

PONTE VEDRA BEACH, FL 32082 US

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:

NL.

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 FORD, W. C.
 Name:
 BRADY, GEORGE

 Address:
 4901 RICHARD STREET
 Address:
 5360 NOBLE CIRCLE

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete Title: () Change () Addition Name: CAIN, DAVID L Name:

 Address:
 PO BOX 16409
 Address:
 Oity-St-Zip:
 JACKSONVILLE, FL 32245
 City-St-Zip:

Name: APPLEBY, CHARLES C Name: LOVING, LEN

 Address:
 9995 GATE PKWY N STE 200
 Address:
 4619 HARBOUR NORTH COURT

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32225

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 WILSON, ROBIN
 Name:
 WILSON, ROBIN

 Address:
 1265 CH ALLEN AVE
 Address:
 1265 CHALLEN AVE

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32205

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: KATHLEEN C. MCCARTHY ED 03/21/2007