

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748973

FILED
Apr 21, 2009
Secretary of State

Entity Name: GREATER JACKSONVILLE AREA USO COUNCIL, INC.

Current Principal Place of Business:

2560 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

BUILDING 1050 YORKTOWN AVENUE
JACKSONVILLE, FL 32212 US

Current Mailing Address:

2560 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Mailing Address:

PO BOX 108
JACKSONVILLE, FL 32212 US

FEI Number: 59-1052424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, KATHLEEN C
108 SHELBY'S COVE CT.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

SHOCKLEY, JOHN E E.D.
1574 STOCKTON DRIVE
FLEMING ISLAND, FL 32003 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: JOHN SHOCKLEY

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRADY, GEORGE
Address: 5360 NOBLE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: CAIN, DAVID L
Address: PO BOX 16409
City-St-Zip: JACKSONVILLE, FL 32245

Title: PD () Delete
Name: LOVING, LEN
Address: 4619 HARBOUR NORTH COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Delete
Name: WILSON, ROBIN
Address: 1265 CHALLENGE AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON, JOHN E
Address: 2732 BEAUCLERC ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP (X) Change () Addition
Name: CURTIN, JOHN
Address: 440 GOLDEN POND COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: TR. (X) Change () Addition
Name: SUMMERS, JESSE
Address: 4916 EMPIRE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN SHOCKLEY

E.D.

04/21/2009

Electronic Signature of Signing Officer or Director

Date