

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90187 031 \*\*\*\*61.25

60033644



04202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2988764  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NESBITT, SAMUEL P  
1241 W. 9TH STREET  
JACKSONVILLE, FL 32209

## 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 May 1, 2008**

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	PT	<input type="checkbox"/> Delete
NAME	NESBITT, SAMUEL P	
STREET ADDRESS	1241 W. 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSIE F	
STREET ADDRESS	4715 ROANOKE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, ELIJAH J	
STREET ADDRESS	11511 SARASOTA LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, LEROY	
STREET ADDRESS	5330 ROANOKE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, CORNELL	
STREET ADDRESS	4942 GARDEN MOSS CIR S	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Mary F.	
STREET ADDRESS	4603 Aberdare Avenue	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, F. Lamar	
STREET ADDRESS	11456 Rolling River Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32219	
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		

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: *Josie F. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08 (904) 768-1237  
Date Daytime Phone #