

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 034 \*\*\*\*61.25

DOCUMENT # 752322

1. Entity Name

EXECUTIVES' ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business

10139 CROSS GREEN WY  
JACKSONVILLE FL 32256-7101  
US

Mailing Address

10139 CROSS GREEN WY  
JACKSONVILLE FL 32256-7101  
US



2. Principal Place of Business - No P.O. Box #

4110 SOUTHPOINT BLVD

Suite, Apt. #, etc.

# 123

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

3. Mailing Address

4110 SOUTHPOINT BLVD

Suite, Apt. #, etc.

# 123

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0237225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVERANCE, JAY L JR  
10139 CROSS GREEN WY  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

MARK WILKINSON

Street Address (P.O. Box Number is Not Acceptable)

4110 SOUTHPOINT BLVD

Suite, Apt. #, etc.

SUITE 123

City

JACKSONVILLE

FL

Zip Code

32216

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]*

MARK WILKINSON TREASURER

4/30/07

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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	ED	<input checked="" type="checkbox"/> Delete
NAME	SEVERANCE, JAY L JR	
STREET ADDRESS	10139 CROSS GREEN WY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256-7101	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WAKEFIELD, DAVID	
STREET ADDRESS	6867 SOUTHPOINT DR N., #108	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	VPR PRES	<input type="checkbox"/> Delete
NAME	WHITTER, CARY	
STREET ADDRESS	4501 BEVERLY AVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARRARD, JAY CPA	
STREET ADDRESS	6828 ST. AUGUSTINE RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK WILKINSON	
STREET ADDRESS	4110 SOUTHPOINT BLVD, SUITE 123	
CITY-STATE-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

MARK WILKINSON TREAS 4/30/07

904-470-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #