

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754878

FILED
Mar 21, 2007
Secretary of State

Entity Name: JACKSONVILLE REGIONAL CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-0306160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, WALTER M III
3 INDEPENDENT DRIVE
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 PRES
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: IPC () Delete
Name: HELMS, ROBERT W CEO
Address: 225 WATER STREET, STE 1100
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: C () Delete
Name: BURR, EDWARD E CEO
Address: 10739 DEERWOOD PARK BLVD, STE 300
City-St-Zip: JACKSONVILLE, FL 32229 US

Title: T () Delete
Name: VAN BERKEL, THOMAS CEO
Address: 4601 TOUCHTON RD E, STE 3400
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: CE () Delete
Name: WALLACE, STEVEN R DR
Address: 501 W STATE ST
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: GC () Change (X) Addition
Name: HAINLINE, T R
Address: 1301 RIVERPLACE BOULEVARD, SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32207 US

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: WALTER M. LEE III

PD

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date