

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754878

FILED
Apr 27, 2009
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: BURR, EDWARD E PRES
Address: 10739 DEERWOOD PARK BLVD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: C () Delete
Name: WALLACE, STEVEN R PRES
Address: 501 WEST STATE STREET
City-St-Zip: JACKSONVILLE, FL 32202 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: AUTREY, RONALD PRES
Address: P.O. BOX 1799
City-St-Zip: JACKSONVILLE, FL 32201 US

Title: GC () Delete
Name: KELSO, LINDA
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: IPC (X) Change () Addition
Name: AUTREY, RONALD PRES
Address: P.O BOX 1799
City-St-Zip: JACKSONVILLE, FL 32201

Title: C (X) Change () Addition
Name: HIGHTOWER, MICHAEL R VP
Address: 4800 DEERWOOD CAMPUS PKWY (DC3-4)
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: T (X) Change () Addition
Name: STOVER, CINDY PRES
Address: 9715 GATE PKWY N
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: CE (X) Change () Addition
Name: MADDEN, KELLY PRES
Address: 225 WATER STREET, 2ND FL FL0704
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: GC (X) Change () Addition
Name: THRASHER, JOHN HON
Address: P.O BOX 10571
City-St-Zip: JACKSONVILLE, FL 32202 US

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: SUSAN DUGAN

Electronic Signature of Signing Officer or Director

DIR

04/27/2009

Date