

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754878

FILED
Feb 24, 2011
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: P,D
Name: LEE III, WALTER M
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: C,D
Name: GREENE, A. HUGH
Address: 800 PRUDENTIAL DRIVE, 8TH FLOOR,
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: VAN BERKEL, THOMAS M
Address: 4601 TOUCHTON RD. E., STE 3400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: T,D
Name: SMITH, GREGORY B
Address: 9000 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: MADDEN, KELLY
Address: 225 WATER STREET, 2ND FL FL0704
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: CARSON, GISELLE
Address: P.O. BOX 447
City-St-Zip: JACKSONVILLE, FL 32201 US

I hereby 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 all other like empowered.

SIGNATURE: VALERIE C. CHRITTON

CFO

02/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date