

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 049 \*\*\*\*61.25

<b>DOCUMENT # 755830</b> 1. Entity Name <b>JACKSONVILLE ECONOMIC DEVELOPMENT COMPANY, INC.</b>					
Principal Place of Business <b>1300 RIVERPLACE BLVD, SUITE 107 JACKSONVILLE, FL 32207 US</b>				Mailing Address <b>1300 RIVERPLACE BLVD, SUITE 107 JACKSONVILLE, FL 32207 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-2157833</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANNIE, N. WARD 1300 RIVERPLACE BLVD. STE. 105 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <u>Cleve Warren</u> Street Address (P.O. Box Number is Not Acceptable) <u>1300 Riverplace Blvd, Ste. 105</u> City <u>Jacksonville</u> , <u>FL</u> Zip Code <u>32207</u>		
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 <u>Cleve Warren</u> DATE <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TAYLOR, JAMES H 1300 RIVERPLACE BLVD., STE. 105 JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>Cleve Warren 1300 Riverplace Blvd, Ste. 105 Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <b>PALMER, ANDERLYN 1300 RIVERPLACE BLVD, STE. 105 JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>Margaret Cirillo 1300 Riverplace Blvd, Ste. 105 Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>RANNIE, W. WARD 1300 RIVERPLACE BLVD, STE. 105 JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>Michael Balanky 1300 Riverplace Blvd, Ste. 105 Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <b>RAINIE, W. WARD 1300 RIVERPLACE BLVD., SUITE 107 JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <b>Robert Baldwin 1300 Riverplace Blvd, Ste. 105 Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>DANIEL, CHESTER 1300 RIVERPLACE BLVD., SUITE 107 JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>George Barnes 1300 Riverplace Blvd, Ste. 105 Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>IRELAND, LOCK W 3060 LEON RD STE 202 JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Cleve Warren</u> DATE <u>4/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					