

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764329

FILED
Mar 12, 2009
Secretary of State

Entity Name: JACKSONVILLE MARINE CHARITIES, INC.

Current Principal Place of Business:

8203 HECKSCHER DR
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

8203 HECKSCHER DR
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-2425132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOULD, STEVE
9200 THIRD ST
NEPTUNE BEACH, FL 32266 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: CBOD () Delete
Name: PATRICH, JOHN
Address: 101 RITA RAE LN
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: SLAPPY, SUSIE
Address: 4661 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC () Delete
Name: DISALVO, CARL
Address: 9160 SUGARLAND DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: PITMAN, CAROL
Address: 4923 RIVER POINT RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: ED () Delete
Name: WHEELER, MIKE
Address: 8203 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CBOD (X) Change () Addition
Name: DISALVO, CARL
Address: 9160 SUGARLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change () Addition
Name: LANCASTER, SANDY
Address: 2802 CAMEL CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VC (X) Change () Addition
Name: FRAZIER, JOHN
Address: 2390 PARENTAL HOME RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S (X) Change () Addition
Name: HOULD, STEVE
Address: 111 WALNUT ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ED (X) Change () Addition
Name: GIPSON, BOB
Address: 14660 STACEY RD
City-St-Zip: JACKSONVILLE, FL 32250

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: BOB GIPSON

ED

03/12/2009

Electronic Signature of Signing Officer or Director

Date