2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# 765263

Entity Name: JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

3645 SPRING PARK RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3645 SPRING PK RD
JACKSONVILLE, FL 32207 US

New Mailing Address:

3645 SPRING PARK RD
JACKSONVILLE, FL 32207 US

FEI Number: 59-2288753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITAKER, J
4034 RIVERVALLEY RD S
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

WHITAKER, JOSEPH E
4034 RIVERVALLEY RD S
JACKSONVILLE, FL 32277 US

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: JOSEPH E. WHITAKER 01/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: JOHNSON, FRANK
Address: 4650 ROSEWOOD RD
City-St-Zip: BALDWIN, IA 52207

Title: S ( ) Delete
Name: GARIBALDI, MARIE
Address: 2204 CAMDEN AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: WHITAKER, JOSEPH E
Address: 4034 RIVER VALLEY ROAD, S
City-St-Zip: JACKSONVILLE, FL 32277

Title: DVP ( ) Delete
Name: ESTES, WAYNE
Address: 3321 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: BENEDIX, TED
Address: 11940 OLD ACOSTA RD
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: NOBLES, ALBERT
Address: 2667 LARSEN RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: PARRISH, RENEE
Address: 1922 SAN MARCO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: JOSEPH E. WHITAKER T 01/23/2008
Electronic Signature of Signing Officer or Director Date