

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765263

FILED
Feb 29, 2012
Secretary of State

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 PARK RD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2288753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, EVONNE T
211 WEST 67TH STREET
JACKSONVILLE, FL 32208 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
Name: ANDREWS, FORREST
Address: 6245 OGDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: KEY, DAVE
Address: 2132 RED FERN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: ESTES, WAYNE
Address: 8637 ANDALOMA STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: S
Name: ALLEN, EVONNE
Address: 211 WEST 67TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: M
Name: HIGBEE, VICKI
Address: 1845 LARGO ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: M
Name: FALOCCO, JAY
Address: 11427 EMUNESS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: EVONNE T. ALLEN

SEC

02/29/2012

Electronic Signature of Signing Officer or Director

Date