2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 23, 2012 **DOCUMENT#765263** Secretary of State

Entity Name: JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

3645 SPRING PARK RD JACKSONVILLE, FL 32207

Current Mailing Address: 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: Name and Address of New Registered Agent:

ALLEN, EVONNE T 211 WÉST 67TH STREET US JACKSONVILLE, FL 32208

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:

ESTES, WAYNE Name:

Address: 8637 ANDALOMA STREET City-St-Zip: JACKSONVILLE, FL 32211

Title:

Name: ANDREWS, FORREST Address: 6245 OGDEN ROAD City-St-Zip: JACKSONVILLE, FL 32216

Title:

PUGHAKOFF, BILL Name: 4635 SILVER RIDGE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32207

Title:

Name: ALLEN, EVONNE

Address: 211 WEST 67TH STREET City-St-Zip: JACKSONVILLE, FL 32208

Title:

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

Title:

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

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 03/23/2012