2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 765935

Entity Name: PARK PLAZA OF JACKSONVILLE, INC.

Current Principal Place of Business:

505 LANCASTER STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

505 LANCASTER STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2433239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICARDO, LISA D
505 LANCASTER ST. 1A
JACKSONVILLE, FL 32204 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 ( ) Delete
Name: BUCK, RICHARD J
Address: 505 LANCASTER ST 7D
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: NASH, WILLIAM
Address: 505 LANCASTER ST 7AB
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete
Name: HALLMAN, ED
Address: 505 LANCASTER ST #16C
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete
Name: FIELDS, SUSIE
Address: 505 LANCASTER ST #4C
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: WEBB, WARNER H
Address: 505 LANCASTER STREET #80
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FIELDS, SUSIE L
Address: 505 LANCASTER ST 4C
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: NASH, WILLIAM
Address: 505 LANCASTER ST 7AB
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change ( ) Addition
Name: WEBB, WARNER H DR.
Address: 505 LANCASTER ST #8D
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change ( ) Addition
Name: TAYLOR, MELAINE
Address: 505 LANCASTER ST #9C
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Change ( ) Addition
Name: HOLLEY, BOB
Address: 505 LANCASTER STREET #5A
City-St-Zip: JACKSONVILLE, FL 32204

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: SUSIE L FIELDS PRES 04/22/2009

Electronic Signature of Signing Officer or Director Date