

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767194

FILED
Jul 08, 2007
Secretary of State

Entity Name: GEORGIA BULLDOG-ALUMNI CLUB OF JACKSONVILLE INC.

Current Principal Place of Business:

POST OFFICE BOX 16363
JACKSONVILLE, FL 32245

New Principal Place of Business:

1802 LITCHI CT.
ORANGE PARK, FL 32073

Current Mailing Address:

POST OFFICE BOX 16363
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-2481767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PESTERFIELD, J D
11624 KINGSLEY MANOR WAY
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MCGINNIS, JON
1802 LITCHI CT.
ORANGE PARK, FL 32073 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: JON MCGINNIS

07/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PESTERFIELD, J D
Address: 11624 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: PE () Delete
Name: MCGINNIE, JONID J
Address: 13244 MILLHOUSE WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: MARSHALL, MARTHA B
Address: 14214 CRYSTAL COVE DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JON MCGINNIS

P

07/08/2007

Electronic Signature of Signing Officer or Director

Date