## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#767194** 

FILED Apr 23, 2008 Secretary of State

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

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

1802 LITCHI CT. 2746 CHEROKEE AVENUE

ORANGE PARK, FL 32073 JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 16363 POST OFFICE BOX 16363

JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32245 US

FEI Number: 59-2481767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MCGINNIS, JON BOLTON, THOMAS L

1802 LITCHI CT. 2746 CHÉROKEE AVENUE ORANGE PARK, FL 32073 US JACKSONVILLE, FL 32210 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: THOMAS L BOLTON 04/23/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/G

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 PESTERFIELD, J D
 Name:
 BOLTON, THOMAS L

 Address:
 11624 KINGSLEY MANOR WAY
 Address:
 2746 CHEROKEE AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32210 US

Title: PE (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCGINNIE, JONID J
 Name:

 Address:
 13244 MILLHOUSE WAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARSHALL, MARTHA B
 Name:

 Address:
 14214 CRYSTAL COVE DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 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: THOMAS L BOLTON PRES 04/23/2008