

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000216

FILED
Feb 25, 2009
Secretary of State

Entity Name: LIFEWORKS JACKSONVILLE, INC.

Current Principal Place of Business:

6015 CHESTER CIRCLE
#212
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 CHESTER CIRCLE
#212
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3700440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, NANCY
6015 CHESTER CIRCLE
#212
JACKSONVILLE, FL 32217 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: PRES () Delete
Name: NELMS, PAT
Address: 786 GINGER MILL DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: ALEXANDER, CHRIS
Address: 870 WARNER RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: ALTMAN, NANCY H
Address: 1142 MORVENWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: DAVIS, ZELINE
Address: 4045 COQUINA DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Delete
Name: SMITH, GARY
Address: 1333 ELLIS TRACE DR. W
City-St-Zip: JACKSONVILLE, FL 32205

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:

Title: CD (X) Change () Addition
Name: BOARDMAN, ED
Address: 2335 HAWKCREST DR. E.
City-St-Zip: ST. JOHNS, FL 32259

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: PAT NELMS

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date