

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 25, 2008  
Secretary of State

DOCUMENT# N00000000644

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

**Current Principal Place of Business:**

637 N LEE ST  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

637 N LEE ST  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 48-0993627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

RADER, MICHELLE L TREASUR  
637 N LEE ST  
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: DIR ( ) Delete  
Name: BRINSON, HARRIETTE VP  
Address: CSX  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DIR ( ) Delete  
Name: ATKINS, TONY  
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: PRES ( ) Delete  
Name: PARKS, CHARLES  
Address: FILE SAFE- 600 N ELLIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32203

Title: TREA ( ) Delete  
Name: RADER, MICHELLE L TREASUR  
Address: COMMUNITY FIRST CU - 637 N LEE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC ( ) Delete  
Name: MARSH, LINDA SECRETA  
Address: CSX- WATER ST  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: PARKS, CHARLES PRES  
Address: FILE SAFE- 600 N ELLIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32203

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: MICHELLE L RADER

Electronic Signature of Signing Officer or Director

TREA

07/25/2008

Date