

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000644

FILED
Apr 16, 2009
Secretary of State

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 ()

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 PRES
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: PRES (X) Change () Addition
Name: BRINSON, HARRIETTE PRES
Address: CSX
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: VP (X) Change () Addition
Name: MCGEE, DIANA VP
Address: TPC -PGA TOUR
City-St-Zip: JACKSONVILLE, FL 32203

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

Title: SEC (X) Change () Addition
Name: SILVESTRIS, LONI SECRETA
Address: ST JOHNS COUNTY BOARD OF COUNTY COMMISSION
City-St-Zip: ST AUGUSTINE, FL 32084

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

04/16/2009

Date