

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000644

**FILED**  
**Mar 17, 2010**  
**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:** 48-0993527

**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: PRES  
Name: BRINSON, HARRIETTE PRES  
Address: CSX  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: VP  
Name: MCGEE, DIANA VP  
Address: TPC -PGA TOUR  
City-St-Zip: JACKSONVILLE, FL 32203

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

Title: SEC  
Name: BEACH, KIM SECRETA  
Address: RAIL AMERICA  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE L RADER

TREA

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date