## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004302

Entity Name: WJCT FOUNDATION, INC.

FILED Apr 22, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202 FEI Number: 59-3657546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYLAN, MICHAEL T 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BOYLAN, MICHAEL T BOYLAN, MICHAEL T Name: Name: 100 FESTIVAL PARK AVENUE Address: 100 FESTIVAL PARK AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: Title: (X) Change ( ) Addition ( ) Delete Name: WEAVER, DELORES Name: WEAVER, DELORES Address: 1 ALLTEL STADIUM PLACE Address: 1 STADIUM PLACE City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change () Addition WINSTON, JAMES Name: Name: 601 RIVERSIDE AVE., BLDG 2 SUITE 619 Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition HELMS, ROBERT Name: Name: HELMS, ROBERT 225 WATER STREET, 11TH FLOOR Address: Address: 3842 MCGIRTS ROAD City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: () Change () Addition DUBOW, LAWRENCE Name: Name: 9431 FLORIDA MINING BLVD. EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MORALES, RICARDO II Name: Name: Address: Address: 6950 PHILLIPS HWY SUITE 15 JACKSONVILLE, FL 32216 City-St-Zip: 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: MICHAEL T. BOYLAN P 04/22/2008