2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N00000004302

Entity Name: WJCT FOUNDATION, INC.

Current Principal Place of Business:

100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3657546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLAN, MICHAEL T
100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202 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:	P	( ) Delete
Name:	BOYLAN, MICHAEL T	
Address:	100 FESTIVAL PARK AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	WEAVER, DELORES	
Address:	1 STADIUM PLACE	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	WINSTON, JAMES	
Address:	601 RIVERSIDE AVE., BLDG 2 SUITE 619	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	D	( ) Delete
Name:	HELMS, ROBERT	
Address:	3842 MCGIRTS ROAD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	DUBOW, LAWRENCE	
Address:	9431 FLORIDA MINING BLVD. EAST	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	MORALES, RICARDO II	
Address:	6950 PHILLIPS HWY SUITE 15	
City-St-Zip:	JACKSONVILLE, FL 32216	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL T. BOYLAN P 03/20/2009
Electronic Signature of Signing Officer or Director — Date