

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004354

FILED
Mar 20, 2009
Secretary of State

Entity Name: CARNIVAL ORGANIZATION OF JACKSONVILLE INC.

Current Principal Place of Business:

6609 IVORY CREST WAY
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6609 IVORY CREST WAY
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-3666795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACK, THEO JR.
6609 IVORY CREST WAY
JACKSONVILLE, FL 32244 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: PD () Delete
Name: JACK, THEO JR
Address: 6609 IVORY CREST WAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: COX, DARREN
Address: 2752 CRUMPLEHORN LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: OD () Delete
Name: HAMID, RIAZ
Address: 5923 HOLLY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: HARRINAUTH, RIANA
Address: 10075 GATE PARKWAY N, UNIT 2213
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: SAMUEL, DANIELLE
Address: 10065 DELANO DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OD (X) Change () Addition
Name: HAMID, RIAZ
Address: 5923 HOLLY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: TD (X) Change () Addition
Name: SAMUEL, DANIELLE
Address: 9617 CLINTON CORNERS DR
City-St-Zip: JACKSONVILLE, FL 32222

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: DANIELLE SAMUEL

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date