

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005632

FILED
Apr 26, 2007
Secretary of State

Entity Name: CHARACTER COUNTS! IN JACKSONVILLE, INC.

Current Principal Place of Business:

8808 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

8808 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

FEI Number: 59-3666756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILMOTH, KIM M
2317 BLANDING BLVD
206
JACKSONVILLE, FL 32210 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: PARKER, JOEL
Address: 9096 STARPASS DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: CONYERS, HARRISON
Address: 117 W. DUVAL STREET STE 175
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: CONYERS, HARRISON
Address: 117 W. DUVAL STREET STE 175
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: CONYERS, HARRISON
Address: 117 W. DUVAL STREET STE 175
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Delete
Name: WILMOTH, KIM M
Address: 2317 BLANDING BLVD #206
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONYERS, HARRISON
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: CONYERS, HARRISON
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change () Addition
Name: CONYERS, HARRISON
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Change () Addition
Name: WILMOTH, KIM M
Address: 2317 BLANDING BLVD #206
City-St-Zip: JACKSONVILLE, FL 32210

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: KIM M WILMOTH

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date