

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005632

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** CHARACTER COUNTS! IN JACKSONVILLE, INC.

**Current Principal Place of Business:**

555 STOCKTON STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

555 STOCKTON STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**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: CONYERS, HARRISON  
Address: 555 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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

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

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

**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:

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

01/25/2008

Electronic Signature of Signing Officer or Director

Date