

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005642

FILED  
May 21, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE JAYCEES COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

2610 DALE VIEW DRIVE  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

2610 DALE VIEW DRIVE  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 59-3646918      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, ERIC B JR.  
2610 DALE VIEW DRIVE  
JACKSONVILLE, FL 32225 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: V ( ) Delete  
Name: MCBURNEY, CHARLES  
Address: 6326 E CHRISTOPHER CREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: P ( ) Delete  
Name: SMITH, ERIC  
Address: 7224 RAMOTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: T ( ) Delete  
Name: SMITH, E. BRIAN JR.  
Address: 2610 DALE VIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S ( ) Delete  
Name: ADAMS, WARREN  
Address: 2759 FRESNO DRIVE #435  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

**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: WARREN ADAMS

TR

05/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date