2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N00000006673

Entity Name: CAPITOL - JACKSONVILLE, INC.

Current Principal Place of Business:

2485 HENLEY ROAD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

1752 CLEMSON ROAD
JACKSONVILLE, FL 32217

Current Mailing Address:

1752 CLEMSON ROAD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 52-2271057 **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:

JUDI, BACK D MS.
1752 CLEMSON ROAD
JACKSONVILLE, FL 32217 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:	DP	( ) Delete
Name:	MCGUICKEN, ASHLEY	
Address:	5553 MEADVILLE RD	
City-St-Zip:	GAP, PA 17527	
Title:	DVP	( ) Delete
Name:	MCGUICKEN, KATHRYN	
Address:	5553 MEADVILLE RD	
City-St-Zip:	GAP, PA 17527	
Title:	DS	( ) Delete
Name:	BACK, JUDI	
Address:	2485 HENLEY ROAD	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	DS	( ) Delete
Name:	LEENDERT, MAAT	
Address:	5553 MEADVILLE ROAD	
City-St-Zip:	GAP, PA 17527	
Title:	DS	( ) Delete
Name:	STAHLSCHMIDT, IRENE	
Address:	5553 MEADVILLE ROAD	
City-St-Zip:	GAP, PA 17527	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	BACK, JUDI	
Address:	1752 CLEMSON ROAD	
City-St-Zip:	JACKSONVILLE, FL 32217	
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 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: JUDI D BACK DS 05/01/2006

Electronic Signature of Signing Officer or Director — Date