

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006673

FILED
Apr 25, 2007
Secretary of State

Entity Name: CAPITOL - JACKSONVILLE, INC.

Current Principal Place of Business:

1752 CLEMSON ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

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 ()

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: 1752 CLEMSON ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: LEENDERT, MAAT
Address: 5553 MEADVILLE ROAD
City-St-Zip: GAP, PA 17527

Title: DS () Delete
Name: STAHLSCMIDT, 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: () 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: JUDI D BACK

DS

04/25/2007

Electronic Signature of Signing Officer or Director

Date