

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007400

FILED  
Jun 18, 2007  
Secretary of State

**Entity Name:** JACKSONVILLE BEACH EMENTARY PRESERVATION FUND, INC.

**Current Principal Place of Business:**

715 REDFIN DR  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 50790  
JACKSONVILLE, FL 32250

**New Mailing Address:**

**FEI Number:** 65-1057588 **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:**

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

DURDEN, BRENN A ESQ  
LEWIS LONGMAN & WALKER P.A.  
9428 BAYMEADOWS ROAD #625  
JACKSONVILLE, FL 32250 US

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: D ( ) Delete  
Name: BARTLEY, LAWILDA  
Address: 759 SAILFISH DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P ( ) Delete  
Name: BELL, WALTER A  
Address: 1482 E 25TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: JOHNSON, RICHARD  
Address: 857 BONITA RD  
City-St-Zip: ATLANTIC BCH, FL 32283

Title: D ( ) Delete  
Name: JACKSON, OPRAH L  
Address: 10647 GRAYSON CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: S ( ) Delete  
Name: ODOM, KAY  
Address: 402 2 11TH ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete  
Name: BASS, MABLE  
Address: 715 REDFIN DR  
City-St-Zip: ATLANTIC BEACH, FL 32233

**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:

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: WALTER A BELL

PRES

06/18/2007

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

\_\_\_\_\_  
Date