

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007400	
1. Entity Name JACKSONVILLE BEACH ELEMENTARY PRESERVATION FUND, INC.	
Principal Place of Business 715 REDFIN DR ATLANTIC BEACH, FL 32233	Mailing Address P O BOX 50790 JACKSONVILLE, FL 32250



03052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1057588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLEY, LAWILDA 759 SAILFISH DRIVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, WALTER A 1482 E 25TH ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, RICHARD 857 BONITA RD ATLANTIC BCH, FL 32283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, OPRAH L 10647 GRAYSON CT JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ODOM, KAY 402 2 11TH ST JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, MABLE 715 REDFIN DR ATLANTIC BEACH, FL 32233

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mable D. Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/06/08