

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007866

FILED
Aug 02, 2008
Secretary of State

Entity Name: THE J CONNECTION, INC.

Current Principal Place of Business:

3108- 6 STREET WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 74
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0902568 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:

THOMAS-JOSEPH, JOEANNE M
3108-6 STREET WEST
LEHIGH ACRES, FL 33971 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: CEO () Delete
Name: THOMAS-JOSEPH, JOEANNE M
Address: P O BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: PP/D () Delete
Name: JOSEPH, SR., JONATHAN D
Address: P.O. BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: OFCR () Delete
Name: JEROME, JOSEPH
Address: P O BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: OFCR () Delete
Name: JEREMY, JOSEPH
Address: P. O. BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: ADV. (X) Delete
Name: JENELLE, JULIEN R
Address: 8401 TRILLIUM TRAIL
City-St-Zip: GLENDALE, MD 20789

Title: ADV. (X) Delete
Name: ROMANA, FRASER
Address: #2 JEAN AVENUE EXT., GREEN HILL VILLAGE
City-St-Zip: TRINIDAD., WI 99999

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADV (X) Change () Addition
Name: JOSEPH, JEROME N
Address: P.O. BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: ADV (X) Change () Addition
Name: JOSEPH, JEREMY
Address: P O BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

Title: ADV (X) Change () Addition
Name: JOSEPH, JONATHAN D SR
Address: P. O. BOX 74
City-St-Zip: LEHIGH ACRES, FL 33970

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: JOEANNE M THOMAS-JOSEPH

CEO

08/02/2008

Electronic Signature of Signing Officer or Director

Date