2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000340

FILED Feb 28, 2007 Secretary of State

Entity Name: JACKSONVILLE CIRCUIT OUTREACH COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 12200 MCCORMICK DR JACKSONVILLE, FL 322255563 **Current Mailing Address: New Mailing Address:** 12200 MCCORMICK DR JACKSONVILLE, FL 322255563 FEI Number: 59-3693859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIEWERT, DARYL A SIEWERT, DARYL A 12200 MCCORMICK DR 5093 LINCOLNSHIRE RD JACKSONVILLE, FL 322255563 US JACKSONVILLE, FL 32217 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: DARYL A. SIEWERT 02/28/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIEWERT, DARYL A COB Name: Name: 5093 LINCOLNSHIRE RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUPLISEA, MEL Name: DUPLISEA, MELVIN F Name: Address: 1580PANTHER RIDGE COURT Address: 1580 PANTHER RIDGE COURT City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: (X) Change () Addition HUBER, PAUL F WAGNER, LISA Name: Name: 902 NORTH 4TH ST. 14116 IVYGAIL DRIVE NORTH Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32225 Title: TV () Delete Title: (X) Change () Addition Name: KAPPEL, MARC A Name: BRONES, DANA A 2759 CANYON FALLS DRIVE Address: 3261 AVALON DR Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: JACKSONVILLE, FL 32224 Title: (X) Delete Title: () Change () Addition WHITBY, MARGUERTA Name: Name: 2478-3 WHISPERING WOODS BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: (X) Delete Title: () Change () Addition JARANOWSKI, ELIZABETH B Name: Name: Address: 1689 LINKSIDE CT., N. Address: ATLANTIC BEACH, FL 32223 City-St-Zip: 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: MELVIN F DUPLISEA T 02/28/2007