


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000340
 1. Entity Name
 JACKSONVILLE CIRCUIT OUTREACH COUNCIL, INC.



Principal Place of Business Mailing Address
 12200 MCCORMICK DR 12200 MCCORMICK DR
 JACKSONVILLE, FL 32225-5563 JACKSONVILLE, FL 32225-5563

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3693859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEWERT, DARYL A
 5093 LINCOLNSHIRE RD
 JACKSONVILLE, FL 32217

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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 _____ 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

UD00000783438
 01/16/08-80015-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	TP SIEWERT, DARYL A COB 5093 LINCOLNSHIRE RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T DUPLISEA, MELVIN F 1580 PANTHER RIDGE COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S WAGNER, LISA 14116 IVYGAIL DRIVE NORTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP BRONES, DANA A 2759 CANYON FALLS DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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: *M. F. Duplisea* *MELVIN F. DUPLISEA* 10-JAN-08 904-928-4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone