

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2009  
Secretary of State**

DOCUMENT# N01000000340

Entity Name: JACKSONVILLE CIRCUIT OUTREACH COUNCIL, INC.

**Current Principal Place of Business:**

12200 MCCORMICK DR  
JACKSONVILLE, FL 322255563

**New Principal Place of Business:**

**Current Mailing Address:**

12200 MCCORMICK DR  
JACKSONVILLE, FL 322255563

**New Mailing Address:**

FEI Number: 59-3693859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIEWERT, DARYL A  
5093 LINCOLNSHIRE RD  
JACKSONVILLE, FL 32217      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: TP      ( ) Delete  
Name: SIEWERT, DARYL A COB  
Address: 5093 LINCOLNSHIRE RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T      ( ) Delete  
Name: DUPLISEA, MELVIN F  
Address: 1580 PANTHER RIDGE COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S      ( ) Delete  
Name: WAGNER, LISA  
Address: 14116 IVYGAIL DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP      ( ) Delete  
Name: BRONES, DANA A  
Address: 2759 CANYON FALLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

**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:

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: MELVIN F DUPLISEA

T

01/22/2009

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

\_\_\_\_\_  
Date