2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State
05-16-2008 90027 005 ****61.25

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DOCUMENT # N01000002670

1. Entity Name

J.P. SMALL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1725 OAKHURST AVE STE 101 JACKSONVILLE FL 32208	1725 OAKHURST AVE STE 101 JACKSONVILLE FL 32208

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	6714 Corday CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FLORIDA
Zip / Country	Zip: 32208 / Country: U.S.

4. FEI Number: 04-3687773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARLEY, NATHANIEL 6714 CORDAY COURT JACKSONVILLE FL 32208	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP SMALL THOMAS, JACQUELYN 1725 OAKHURST AVE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MASTER, ESMIN 2VP 6714 Corday Ct. JACKSONVILLE, FL 32208 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS CANNADY, RONLINE 1725 OAKHURST AVE JACKSONVILLE FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DENSON, AL 6714 Corday CT. BDM JACKSONVILLE, FL 32208 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM MICKLE, ANTOINE 1725 OAKHURST AVE JACKSONVILLE FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Feagin, AL 6714 Corday CT BDM JACKSONVILLE, FL 32208 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM SCHMITZ, KAYE 1725 OAKHURST AVE JACKSONVILLE FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLACKSHEAR, HERBERT 6714 Corday CT BDM JACKSONVILLE, FL 32208 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM BREWER, CHRISTOPHER 1725 OAKHURST AVE JACKSONVILLE FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Witherspoon, Thomas 6714 Corday CT. JACKSONVILLE, FL 32208 BDM	☐ Delete Addition	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nathaniel Farley Jr. CEO/Founder 4-26-08 (904) 765-0033

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