

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005452

FILED
May 24, 2005
Secretary of State

Entity Name: JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

C/O MICHAEL BARBER
9655 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

C/O ANDY CANNADY
8655 PHILIPS HWY
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 550863
JACKSONVILLE, FL 322550863

New Mailing Address:

4301 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216

FEI Number: 59-3735012 **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:

AKEL, EDWARD C
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202 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: DT () Delete
Name: SWANN, BILL
Address: 4301 UNIVERSITY SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: CANNADY, ANDY
Address: 8655 PHILIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV () Delete
Name: CAREY, STEPHEN
Address: 5859 WENDING DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: SWANN, BILL
Address: 4301 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP (X) Change () Addition
Name: CANNADY, ANDY
Address: 8655 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL SWANN

MR

05/24/2005

Electronic Signature of Signing Officer or Director

Date