

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005452

FILED
Feb 03, 2007
Secretary of State

Entity Name: JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

C/O ROBERT WEISS
7600 BAILEY BODY ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

C/O STEPHEN CAREY
5859 WENDING DR
JACKSONVILLE, FL 32244

Current Mailing Address:

7600 BAILEY BODY ROAD
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 7911
JACKSONVILLE, FL 32238

FEI Number: 59-3735012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: WEISS, ROBERT
Address: 7600 BAILEY BODY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: WEISS, ROBERT
Address: 7600 BAILEY BODY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP (X) Change () Addition
Name: CAREY, STEPHEN
Address: 5859 WENDING DR
City-St-Zip: JACKSONVILLE, FL 32244

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: STEPHEN LOUIS CAREY

DP

02/03/2007

Electronic Signature of Signing Officer or Director

Date