


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90112 011 ****61.25

DOCUMENT # N01000007408 1. Entity Name KBJ FOUNDATION INC.					
Principal Place of Business 11 EAST FORSYTH STREET #308 JACKSONVILLE, FL 32202			Mailing Address 11 EAST FORSYTH STREET #308 JACKSONVILLE, FL 32202		
2. Principal Place of Business 1650 MARGARET ST.		3. Mailing Address 1650 MARGARET ST.			
Suite, Apt. #, etc. SUITE 302 109		Suite, Apt. #, etc. SUITE 302 109			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA			
Zip 32204	Country US	Zip 32204	Country US	4. FEI Number 03-0379415	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, ROBERT E. 11 EAST FORSYTH STREET #308 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name ROBERT E. JACKSON Street Address (P.O. Box Number is Not Acceptable) 1045 OAK STREET APT. 1807 City JACKSONVILLE FL Zip Code 32204		
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 <u><i>Robert E. Jackson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/8/05 <small>(NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD JONES, ROBERT T 800 LOBLOLLY DR VASS, NC 28394		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD JACKSON, ROBERT E 11 EAST FORSYTH STREET, APT. 308 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD JACKSON, ROBERT E. 1045 OAK ST., APT. 1807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, WENDY 800 LOBLOLLY DR VASS, NC 28394		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER, NANCY 12136 SHOSHONE TRAIL JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Robert E. Jackson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/8/05 Daytime Phone # 904-710-3125		

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