

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001499

FILED
Apr 30, 2004
Secretary of State

Entity Name: PROJECT S.O.C.K. WESTSIDE COMMUNITY ACADEMY OF LEARNING, INC.

Current Principal Place of Business:

6974 WILSON BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

8802 IVY MILL PLACE NORTH
JACKSONVILLE, FL 32244

New Mailing Address:

4401 GEORGETOWN DRIVE
JACKSONVILLE, FL 32210

FEI Number: 42-1529018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, GENELL M
8802 IVY MILL PLACE NORTH
JACKSONVILLE, FL 32244

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: PC () Delete
Name: JACOBS, MARY ANN
Address: 3441 KINGSTON ST
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: MOORE, DONNT
Address: 4322 BIDDY LN
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: WATTS, SANDRA
Address: 5654 BRYNER DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: MILLS, GUYRON L
Address: 8802 IVY MILL PLACE NORTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: DINDSEY, ROBIN
Address: 11718 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MOORE, DONNY
Address: 4322 BIDDY LN
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: D (X) Change () Addition
Name: LINDSEY, ROBIN
Address: 11718 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32254

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: GUYRON MILLS

SD

04/30/2004

Electronic Signature of Signing Officer or Director

Date