

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007997

FILED
May 01, 2009
Secretary of State

Entity Name: WISDOM AND KNOWLEDGE IS UNDERSTANDING, INC.

Current Principal Place of Business:

1403 DUNN AVENUE, SUITE 17
JACKSONVILLE, FL 32218

New Principal Place of Business:

285 CHRISTEN DRIVE NORTH
JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 26098
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 14-1866626 **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:

BARLOW, A.WELLINGTON ESQ
1403 DUNN AVENUE, SUITE 17
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

BARLOW, A.WELLINGTON ESQ
303 N. LIBERTY STREET
JACKSONVILLE, FL 32202 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYLE, PATRICK
Address: 775 ARRAN COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: SALTER, TONY L
Address: 11826 JOHN WILLIAM TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: BARLOW, A.WELLINGTON ESQ.
Address: 1403 DUNN AVENUE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: HALL, STEVE REV.
Address: 4241 BAYMEADOWS RD., #11
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: JENSEN, CHARLOETTE
Address: 12974 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BARLOW, A.WELLINGTON ESQ.
Address: 303 N. LIBERTY STRET
City-St-Zip: JACKSONVILLE, FL 32202

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

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

I hereby certify that the information supplied with this filing does not qualify 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: A. WELLINGTON BARLOW

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date