2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008865

City-St-Zip:

FILED Jan 31, 2005 Secretary of State

Entity Name: WORLD AFFAIRS COUNCIL OF JACKSONVILLE INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 100 CORRIDOR RD SOUTH PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 3948 THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250 FEI Number: 59-2522757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOL, SANDRA L COOK, SANDRA L 140 LÁUREL LANE 140 LAUREL LANE PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US 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: SANDRA L. COOK 01/31/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCAFEE, MARILYN Name: Name: 24700 DEER TRACE DR. Address: Address: City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: COOK, SUSAN L Name: BALDWIN, JAMES Address: 140 LAUREL LANE Address: 108 HERITAGE WAY City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: PONTE VEDRA, FL 32082 Title: () Delete Title: () Change (X) Addition COOK, SANDRA L Name: Name: 140 LAUREL LANE Address: Address: City-St-Zip: City-St-Zip: PONTE VEDRA, FL 32082 Title: () Delete Title: () Change (X) Addition Name: Name: MARTHA, JONES 24 LAKE JULIA DR. S Address: Address: City-St-Zip: City-St-Zip: PONTE VEDRA, FL 32082 Title: () Delete Title: () Change (X) Addition MCAFEE, SALLY Name: Name: 192 PLANTATION CIRCLE S. Address: Address:

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.

City-St-Zip:

PONTE VEDRA, FL 32082

SIGNATURE: MARILYN MCAFEE PRES 01/31/2005