


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008865**

1. Entity Name  
**WORLD AFFAIRS COUNCIL OF JACKSONVILLE INCORPORATED**



Principal Place of Business <b>100 CORRIDOR RD SOUTH          PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>3948 THIRD STREET SOUTH          380          JACKSONVILLE BEACH, FL 32250</b>
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2522757</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, SANDRA L  
 140 LAUREL LANE  
 PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWE, JONATHAN 225 WATER SUITE 1510 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALDWIN, JAMES 108 HERITAGE WAY PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, SANDRA L 140 LAUREL LANE PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA, JONES 24 LAKE JULIA DR. S PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBSTER, ROBIN 237 PLANTATION CIR SOUTH PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/31/07-80020-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Sandra L. Cook 1/26/07 904 280-8162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #