

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002531

FILED
May 05, 2004
Secretary of State

Entity Name: JACKSONVILLE DISCIPLES YOUTH INCORPORATED

Current Principal Place of Business:

5437 CLEVELAND ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5437 CLEVELAND ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 13-4235919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, ALLEN
5437 CLEVELAND ROAD
JACKSONVILLE, FL 32209

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: DC () Delete
Name: SHEFFIELD, ALLEN
Address: 5437 CLEVELAND ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: DV () Delete
Name: BLACKSHEAR, Lатарша
Address: 8966 BRUSON LANE
City-St-Zip: JACKSONVILLE, FL 32219

Title: DS () Delete
Name: THOMAS, MELLISSA
Address: 1130 WEST 21ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT () Delete
Name: KELLY, DAHLIA
Address: 831 MAGIC COVE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: JACKSON, LEAH
Address: 4104 CONNIE STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: MAYES, WANDA D
Address: 12383 BISCAYNE LAKE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS (X) Change () Addition
Name: CARPENTER, KIM
Address: 1931 TUSKEGEE RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Change () Addition
Name: WALKER, T'CHAKA
Address: 5437 CLEVELAND RD
City-St-Zip: JACKSONVILLE, FL 32209

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

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: ALLEN SHEFFIELD

DC

05/05/2004

Electronic Signature of Signing Officer or Director

Date