

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005315

FILED
Jan 16, 2009
Secretary of State

Entity Name: JACKSONVILLE ELECTRICAL JOINT APPRENTICESHIP AND TRAINING COMMITTEE, INC.

Current Principal Place of Business:

4951 RICHARD ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4951 RICHARD ST
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0582582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, LINDA S ED.D.
4951 RICHARD ST.
JACKSONVILLE, FL 32207 US

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: D () Delete
Name: LONG, DAVID
Address: 2251 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: WITT, ED JR.
Address: 2251 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: LEDERMAN, TONY
Address: 3300 FAYE RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: SCARLE, RON
Address: 966 LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: JONES, ALAN
Address: 966 LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: ALFORD, MONICA
Address: 966 LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LINDA S. SPARKS

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date