

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006115

FILED
Apr 15, 2009
Secretary of State

Entity Name: M.A.D. D.A.D.S., JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

5732 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5732 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 43-1987302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOY, DONALD MR.
5732 NORMANDY BLVD
JACKSONVILLE, FL 32205 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: DP () Delete
Name: MCLAUGHLIN, VAUGHN
Address: 5732 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32204

Title: DA () Delete
Name: STATON, EDDIE
Address: 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: RAY, DAVID
Address: 936 WEST TENNESSEE TRACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: JEFFERSON, LAWRENCE MR.
Address: 1757-7 EL CAMINO RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: ROLLINSON, HAROLD
Address: 2627 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TR () Delete
Name: WILLIAMS, REGINIA MRS.
Address: 5732 NORMANDY BLVD. #9
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCLAUGHLIN, VAUGHN
Address: 5116 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: DA (X) Change () Addition
Name: STATON, EDDIE
Address: 5732 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

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: DONALD FOY

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date