

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006427

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** POSITIVE ATTITUDES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

PMB #272  
1650 MARGARET ST. SUITE 302  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

PMB #272  
1650 MARGARET ST. SUITE 302  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 57-1181310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SARAGA, FRIEDA  
3820 LAVISTA CIRCLE, #116  
JACKSONVILLE, FL 32217 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  
Name: SARAGA, FRIEDA  
Address: 3820 LAVISTA CIRCLE, #116  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: HIGGISON, JUDY  
Address: 2950 ST. JOHNS AVE., #9  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: FITZGERALD, ROBERT  
Address: 3628 ERNEST ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: SARAGA, FRIEDA  
Address: 3820 LA VISTA CIRCLE #116  
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby 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 all other like empowered.

**SIGNATURE:** FRIEDA SARAGA

D

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date