
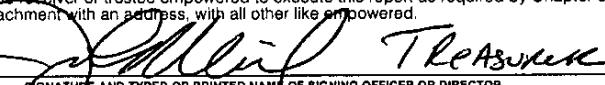


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90216 035 \*\*\*\*70.00

<b>DOCUMENT # N03000006491</b>			
1. Entity Name <b>FLORIDA JUMPSTART COALITION FOR PERSONAL FINANCIAL LITERACY, INC.</b>			
Principal Place of Business <b>P.O. 130487 TAMPA, FL 33681</b>		Mailing Address <del>P.O. 130487 TAMPA, FL 33681</del>	
2. Principal Place of Business <b>919 West State Rd 436</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Suite 230</b>		Suite, Apt. #, etc. <b>Same</b>	
City & State <b>Altamonte Springs FL</b>		City & State <b>Same</b>	
Zip <b>32714</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>JACOBSEN, ROSANNA M 360 E. HORATIO AVENUE MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSEN, ROSANNA M 360 E. HORATION AVENUE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUART, AL 2101 PARK CENTRAL DR. # 310 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WEIL, JOHN 15201 ROOSEVELT BLVD. #112 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A TR HENDERSON, JOEY 200 HOOVER ST. # 200 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CECERE, JESSICA 700 SOUTH DIXIE HIGHWAY, SUITE 103 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEC HARRISON, MARY N 3025 MC CARTY HALL, P.O. BOX 110310 GAINESVILLE, FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <b>4/18/2006</b> Daytime Phone #: <b>727-530-0884-26</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

50014216



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**37-1455016**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**