

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006491

FILED
Apr 07, 2008
Secretary of State

Entity Name: FLORIDA JUMP\$TART COALITION FOR PERSONAL FINANCIAL LITERACY, INC.

Current Principal Place of Business:

919 W STATE RD 436
STE 230
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

919 W STATE RD 436
STE 230
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 37-1455016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSEN, ROSANNA M
360 E. HORATIO AVENUE
MAITLAND, FL 32751 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: PR () Delete
Name: JACOBSEN, ROSANNA M
Address: 360 E. HORATION AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: TR () Delete
Name: KANE, THOMAS P
Address: 3165 MCMULLEN BOOTH RD. D-1
City-St-Zip: CLEARWATER, FL 33761

Title: VP () Delete
Name: CECERE, JESSICA
Address: 700 S. DIXIE HWY., SUITE 103
City-St-Zip: WEST PALM BCH, FL 33401

Title: SEC () Delete
Name: HUBBARD, BRENDA
Address: P.O. BOX 5437
City-St-Zip: TALLAHASSEE, FL 32314

Title: X OF () Delete
Name: ELIZABETH, GLADDEN
Address: 325 W. GAINES ST., STE 714
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: ANDERSON, KATHRYN
Address: PO BOX 5437
City-St-Zip: TALLAHASSEE, FL 32314

Title: TR (X) Change () Addition
Name: KANE, THOMAS P
Address: 2531 LANDMARK DR. SUITE 201
City-St-Zip: CLEARWATER, FL 33761

Title: VP (X) Change () Addition
Name: GRAYSON, CASSANDRA
Address: 3773 COMMONWEALTH BLVD
City-St-Zip: TALLAHASSEE, FL 32303

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: THOMAS P. KANE

TR

04/07/2008

Electronic Signature of Signing Officer or Director

Date