

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006491

FILED  
Apr 23, 2009  
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:**

325 W. COLLEGE AV  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

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

**New Mailing Address:**

325 W. COLLEGE AV  
TALLAHASSEE, FL 32301

**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:**

KANE, THOMAS P  
2531 LANDMARK DR  
201  
CLEARWATER, FL 33761 US

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: THOMAS P. KANE

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: PRES (X) Change ( ) Addition  
Name: HUBBARD, BRENDA  
Address: P.O. BOX 5437  
City-St-Zip: TALLAHASSEE, FL 32314

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

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

Title: SEC (X) Change ( ) Addition  
Name: ATREAGA, SARAH  
Address: P.O. BOX 929  
City-St-Zip: JACKSONVILLE, FL 32231

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

TRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date