


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-06-2004 90023 033 ****61.25

DOCUMENT # N03000007420	
1. Entity Name JOBS FOR JACKSONVILLE, INC.	

Principal Place of Business 2550 M ST NW WASHINGTON, DC 20037 US	Mailing Address 2550 M ST NW WASHINGTON, DC 20037 US
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66415509



2. Principal Place of Business 1225 WEST BEAVER STREET	3. Mailing Address 1225 WEST BEAVER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville, FL 32204-1415	City & State Jacksonville, FL 32204-1415
Zip	Country

03112004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0180653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SEE ATTACHED			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 **404-588-0175**
Date Daytime Phone #

10. OFFICERS AND DIRECTORS # NO 300007420	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD KRISTEN PACKARD 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD CHERYL HENRY 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD CINDY STOVER 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD WILLIARD PAYNE 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD WILLIAM GULLIFORD 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD BRENDA EZELL 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER OF THE BOARD ASHTON HUDSON 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EXECUTIVE DIRECTOR DOUGLAS BROWN 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY NATE KRESTUL 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER/CHIEF FINANCIAL OFFICER SHARON BARKER 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DEPUTY DIRECTOR JOE WHITTAKER 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT GLENDA WASHINGTON 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204-1415