
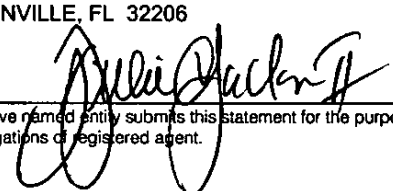
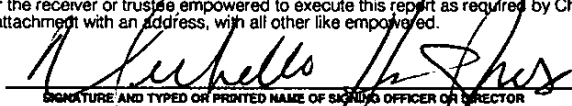


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90265 020 ****61.25

DOCUMENT # N03000011032 1. Entity Name JACKSONVILLE NETWORK FOR STRENGTHENING FAMILIES INCORPORATED					
Principal Place of Business 5258-7 NORWOOD AVENUE JACKSONVILLE, FL 32208			Mailing Address 900 UNIVERSITY BLVD., N. 405 JACKSONVILLE, FL 32211		
2. Principal Place of Business ONE WEST ADAMS ST. Suite, Apt. #, etc. 300 City & State JACKSONVILLE FLORIDA Zip 32202 Country USA			3. Mailing Address ONE WEST ADAMS ST. Suite, Apt. #, etc. 300 City & State JACKSONVILLE FLORIDA Zip 32202 Country USA		
4. FEI Number 20-0578191			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 JACKSON, WILLIE C 23 W 8TH ST JACKSONVILLE, FL 32206 			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>WILLIE C. JACKSON</u> 4-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P GUNDY, R L 2036 SILVER ST JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL KOPP 8000 ARLINGTON EXPRESSWAY JACKSONVILLE FLORIDA 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASELICE, TOM DCF 3225 UNIVERSITY BLVD S JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETCHEN SMITH 2360 KINGS Rd. JACKSONVILLE FLORIDA 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, MICHELLE 1131 N LAURA ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 1930 N. MAIN ST. JACKSONVILLE FLORIDA 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEATH, MARIE EDWARD WATERS COLLEGE, KINGS RD JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERONICA SUAREZ JAMES 1163 FROMAGE CIRCLE WEST JACKSONVILLE FLORIDA 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENIZAL, ROBYN 117 WEST DUVAL STREET #400 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIE BESLEY 3747 ART MUSEUM DR. SUITE 100 JACKSONVILLE FLORIDA 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, JAN 1639 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

14010074



04182005 Chg-NP CR2E037 (10/03)