

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011032

FILED
Apr 28, 2010
Secretary of State

Entity Name: JACKSONVILLE NETWORK FOR STRENGTHENING FAMILIES INCORPORATED

Current Principal Place of Business:

23 W. 8TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

23 W. 8TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-0578191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, WILLIE C
23 W 8TH ST
JACKSONVILLE, FL 32206 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: P
Name: TOELLE, STEPHANIE
Address: 712 S LAKE CUNNINGHAM AVE
City-St-Zip: ST JOHNS, FL 32259

Title: D
Name: WILLIAMS, PRUDENCE
Address: 12127 CRANEFOOT DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: V
Name: HUGHES, MICHELLE
Address: 2835 BELAIR RD W
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: HAWK, JOHNNY
Address: 937 SUNSET GLEN CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: S
Name: SCHUM, KAREN
Address: 7296 W SMOOTH BORE AVE
City-St-Zip: GELN ST MARY, FL 32040

Title: D
Name: DAVIS, CARRIE
Address: 2343 JERNIGAN RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: WILLIE C. JACKSON II

MR

04/28/2010

Electronic Signature of Signing Officer or Director

Date