

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000246

FILED
Apr 23, 2008
Secretary of State

Entity Name: JACKSONVILLE COMPENSATION ASSOCIATION, INC.

Current Principal Place of Business:

1060 MARTINIQUE RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

103 SEAWINDS LANE EAST
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 16752
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-2815403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: TD () Delete
Name: WALTON, LINDA
Address: 1060 MARTINIQUE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GEORGE, FELICIA
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: D () Delete
Name: MARQUETTE, BETH
Address: 14676 COLSTON DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: PD () Delete
Name: DAY, HALLIE
Address: 103 SEA WINDS LANE E
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SCARBOROUGH, LORI
Address: 1178 KNOBB HILL DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: HOUSEHOLDER, LINDA
Address: 129 OAKVIEW CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PICKREN, CHARLES JR.
Address: P.O. BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: SD (X) Change () Addition
Name: COPPEDGE, MELISSA
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: D (X) Change () Addition
Name: MARQUETTE, BETH
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: D (X) Change () Addition
Name: DAY, HALLIE
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: PD (X) Change () Addition
Name: SCARBOROUGH, LORI
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

Title: D (X) Change () Addition
Name: GRAY, JOHN
Address: P O BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

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: JOHN M. GRAY

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date