2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N04000000246

Entity Name: JACKSONVILLE COMPENSATION ASSOCIATION, INC.

Current Principal Place of Business:

103 SEAWINDS LANE EAST
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

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: PICKREN, CHARLES JR.
Address: P.O. BOX 16752
City-St-Zip: JACKSONVILLE, FL 32245

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN GRAY D 02/06/2009

Electronic Signature of Signing Officer or Director — Date