## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000246

FILED Feb 10, 2010 Secretary of State

Entity Name: JACKSONVILLE COMPENSATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

103 SEAWINDS LANE EAST PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

P.O. BOX 16752 JACKSONVILLE, FL 32245

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TD

 Name:
 PICKREN, CHARLES JR.

 Address:
 P.O. BOX 16752

 City-St-Zip:
 JACKSONVILLE, FL 32245

Title: SD

Name: COPPEDGE, MELISSA
Address: P O BOX 16752

City-St-Zip: JACKSONVILLE, FL 32245

Title:

Name: MARQUETTE, BETH
Address: P O BOX 16752

City-St-Zip: JACKSONVILLE, FL 32245

Title:

Name: DAY, HALLIE Address: P O BOX 16752

City-St-Zip: JACKSONVILLE, FL 32245

Title: PD

Name: SCARBOROUGH, LORI Address: P O BOX 16752

City-St-Zip: JACKSONVILLE, FL 32245

Title:

Name: GRAY, JOHN Address: P O BOX 16752

City-St-Zip: JACKSONVILLE, FL 32245

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: JOHN GRAY D 02/10/2010