

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002757

FILED
Aug 11, 2008
Secretary of State

Entity Name: SUITED FOR SUCCESS JACKSONVILLE, INC.

Current Principal Place of Business:

5000 NORWOOD AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

5732 NORMANDY BOULEVARD
SUITE 10
JACKSONVILLE, FL 32205

Current Mailing Address:

11574 CORAL RIDGE AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 16-1695191 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MONDY, SHARA J
11574 CORAL RIDGE AVENUE
JACKSONVILLE, FL 32218 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONDY, SHARA J MS.
Address: 11574 CORAL RIDGE AVENUE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T () Delete
Name: REAVES, DONNA MISS
Address: 11005 S CHALLEUX DRIVE
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP () Delete
Name: ELLIOTT, LAURA MRS.
Address: 3098 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S () Delete
Name: WILSON, VELVET C MS.
Address: 3134 PURDOM DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D () Delete
Name: HOUSTON, RICHARD MR.
Address: 573 SERENADE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete
Name: TEATE, SUZANNE DR.
Address: 3751 MONTCLAIR DR.
City-St-Zip: JACKSONVILLE, FL 32217 US

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
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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: SHARA MONDY

P

08/11/2008

Electronic Signature of Signing Officer or Director

Date