

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002937

FILED  
May 11, 2009  
Secretary of State

Entity Name: JACKSONVILLE PROVIDERS' NETWORK, INC.

## Current Principal Place of Business:

3697 MINDY ASHLEY LANE  
JACKSONVILLE, FL 32218 US

## New Principal Place of Business:

## Current Mailing Address:

3697 MINDY ASHLEY LANE  
JACKSONVILLE, FL 32218 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

DELONEY, JUANZEN K JR  
3697 MINDY ASHLEY LANE  
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: CVST ( ) Delete  
Name: DELONEY, JUANZEN K JR  
Address: 3697 MINDY ASHLEY LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P ( ) Delete  
Name: MANNING, TONDALIA  
Address: 423 E 44TH ST  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete  
Name: MANNING, TORREY  
Address: 423 E 44TH ST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: DELONEY, SHEILA  
Address: 3697 MINDY ASHLEY LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete  
Name: JOHNSON, MELVIN  
Address: 1743 DAYTONA LN  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: JOHNSON, MELISCIA  
Address: 1743 DAYTONA LN  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition  
Name: DELONEY, JUANZEN K JR  
Address: 3697 MINDY ASHLEY LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DV (X) Change ( ) Addition  
Name: DELONEY, SHEILA J  
Address: 3697 MINDY ASHLEY LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S (X) Change ( ) Addition  
Name: HERRERA, GIOVANNI  
Address: 286 NATURES BOUNTY TRAIL  
City-St-Zip: ST. MARY'S, GA 31558

Title: D (X) Change ( ) Addition  
Name: MCKENSIE, KEVIN  
Address: 115 CAMBRAY CIR.  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: D (X) Change ( ) Addition  
Name: QUIMBLEY, TORY  
Address: 636C MAPLE CT.  
City-St-Zip: ST. MARY'S, GA 31558

Title: D (X) Change ( ) Addition  
Name: CLYBURN, ROBERT  
Address: 112 PRINCETON PLACE  
City-St-Zip: KINGSLAND, GA 31548

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: JUANZEN K. DELONEY, JR.

CPT

05/11/2009

Electronic Signature of Signing Officer or Director

Date