# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# N04000003338

**Entity Name:** T J JACKSON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

76 BRUEN STREET
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 588
ST. AUGUSTINE, FL 320850588

**New Mailing Address:**

**FEI Number: 20-4472246** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

JACKSON II, THOMAS J P/TREA
76 BRUEN STREET
ST. AUGUSTINE, FL 32084 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: PT ( ) Delete
Name: JACKSON II, THOMAS P/TREA
Address: P.O. BOX 588
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: VPS ( ) Delete
Name: JACKSON, BARBARA P VP/SEC
Address: 917 CHIPPEWA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: BATTLES, CERITA A
Address: P.O. BOX 588
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D ( ) Delete
Name: TURNER, CELINA A
Address: P.O. BOX 588
City-St-Zip: ST. AUGUSTINE, FL 32085

**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:

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: THOMAS JACKSON PT 04/16/2009

Electronic Signature of Signing Officer or Director — Date