

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003621

FILED
Feb 03, 2009
Secretary of State

Entity Name: JACKSONVILLE FOR LIFE, INC.

Current Principal Place of Business:

7882 KNOLL DRIVE NORTH
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6483
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 20-0813650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY, BRADLEY S
7882 KNOLL DRIVE NORTH
JACKSONVILLE, FL 32221 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: D () Delete
Name: WILLIAMS, CHRISTIAN
Address: 1951 VALLEY CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WILLIAMS, LAURA
Address: 1951 VALLEY CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MASTERS, TOM J
Address: 11631 SHERBORNE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: STRALEY, BRAD
Address: 7882 KNOLL DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: STRALEY, LINDA
Address: 7882 KNOLL DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, CHRISTIAN
Address: 7663 ROLLING HILLS DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Change () Addition
Name: WILLIAMS, LAURA
Address: 7663 ROLLING HILLS DR
City-St-Zip: JACKSONVILLE, FL 32221

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: BRAD STRALEY

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date