

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004000

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: CITY ETHICS INC.

**Current Principal Place of Business:**

4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

CARLA MILLER, ESQ.  
4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207

FEI Number: 20-0975087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, CARLA ESQ.  
4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207 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: PD  
Name: MILLER, CARLOTTA D  
Address: 4417 BEACH BLVD. SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD  
Name: MCCLINTOCK, DONALD ROSS  
Address: 4417 BEACH BLVD. SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: WECHSLER, ROBERT  
Address: 4417 BEACH BLVD. SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32207

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: CARLOTTA D. MILLER

P/D

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date