

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006159

FILED
Jan 21, 2005
Secretary of State

Entity Name: THE JACKSONVILLE UNIVERSITY ORTHODONTIC ALUMNI SOCIETY, INC.

Current Principal Place of Business:

2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211

New Principal Place of Business:

2800 UNIVERSITY BLVD N
SCHOOL OF ORTHODONTICS
JACKSONVILLE, FL 32211

Current Mailing Address:

2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211

New Mailing Address:

2800 UNIVERSITY BLVD N
SCHOOL OF ORTHODONTICS
JACKSONVILLE, FL 32211

FEI Number: 20-2175468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JERROLD, LAURANCE
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

JERROLD, LAURANCE
2800 UNIVERSITY BLVD N
SCHOOL OF ORTHODONTICS
JACKSONVILLE, FL 32211 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:

01/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: JERROLD, LAURANCE
Address: 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURANCE JERROLD

DR.

01/21/2005

Electronic Signature of Signing Officer or Director

Date