

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006985

FILED
Jul 13, 2008
Secretary of State

Entity Name: AMPLIFY, INC.

Current Principal Place of Business:

3519 HERSCHEL AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

3519 HERSCHEL ST
JACKSONVILLE, FL 32205

Current Mailing Address:

1142 MAPLETON RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1465640 FEI Number Applied For () FEI Number Not Applicable () 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:

GANNAM, ROGER K
12276 SAN JOSE BLVD SUITE 126
LINDELL, FARSON & PINCKET, PA
JACKSONVILLE, FL 32203 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: RIDER, CECILE
Address: 1121 MORVENWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: STAKE, CAROLINE
Address: 1142 MAPLETON RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: STAKE, IAN
Address: 1142 MAPLETON RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: JOEL, BOB
Address: 6319 CHRISTOPHER CREEK RD. W
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: GLOVER, KEVIN
Address: 1172 DURBIN PARKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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: D (X) Change () Addition
Name: JOEL, BOB
Address: 1988 CAMELLIA OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32217

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: CAROLINE L. STAKE

P

07/13/2008

Electronic Signature of Signing Officer or Director

Date