

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008353

FILED  
May 02, 2009  
Secretary of State

Entity Name: J. JIREH CONSULTANTS, INC.

**Current Principal Place of Business:**

10065 HIDDEN BRANCH DRIVE EAST  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 23122  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 20-1499782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

HARRISON, ELOISE M  
10065 HIDDEN BRANCH DRIVE EAST  
JACKSONVILLE, FL 32257      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRISON, ELOISE M  
Address: 10065 HIDDEN BRANCH DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete  
Name: LOCKHART, BRIAN M  
Address: 10065 HIDDEN BRANCH DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST ( ) Delete  
Name: DAWSON, CAROLYN M  
Address: POST OFFICE BOX 23122  
City-St-Zip: JACKSONVILLE, FL 32241

**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:

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: ELOISE M HARRISON

P

05/02/2009

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

\_\_\_\_\_  
Date