


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 016 ****61.25

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|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N04000008880 |  |
| 1. Entity Name INFRAGARD JACKSONVILLE MEMBERS ALLIANCE, INC. | |

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211 | Mailing Address 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

50026685



08262006 Chg-NP CR2E037 (4/06)

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|-----------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|-----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GISPANSKI, KAREN 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211 | | Name <u>KAREN GISPANSKI</u> Street Address (P.O. Box Number is Not Acceptable) <u>7820 Arlington Expressway Suite 200</u> City <u>Jacksonville</u> FL Zip Code <u>32211</u> | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|
| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GISPANSKI, KAREN 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DORMANDY, DENNIS 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GILFUS, JOSEPH 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Barbara Carden</u> <u>7820 Arlington Expressway Suite 200</u> <u>Jax, FL 32211</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CARDEN, BARBARA 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Gispanski 8-26-06 904-86-2565 EXT 404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #