

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010880

Entity Name: JACKSONVILLE CERT, INC.

FILED
Aug 17, 2007
Secretary of State

Current Principal Place of Business:

1044 JONES CREEK DRIVE
JACKSONVILLE, FL 322256311 US

Current Mailing Address:

221 SPARROW BRANCH CIR
JACKSONVILLE, FL 32259311 US

New Principal Place of Business:

515 N. JULIA STREET
EMERGENCY PREPAREDNESS DIVISION / JFRD
JACKSONVILLE, FL 32202 US

New Mailing Address:

PO BOX 2777
PONTE VEDRA BEACH, FL 320822777 US

FEI Number: 20-1122383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOSALEK, FRANK
1044 JONES CREEK DRIVE
JACKSONVILLE, FL 322256311 US

Name and Address of New Registered Agent:

ROTCHFORD, BILL
701 SAN MARCO BLVD
EHS / 2ND FLOOR
JACKSONVILLE, FL 32207 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: BILL ROTCHFORD

08/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NOSALEK, FRANK
Address: 1044 JONES CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 322256311 US

Title: TREA () Delete
Name: FUTCH, KENNETH
Address: 221 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title: SEC () Delete
Name: MILLER, ROBYN
Address: 44282 CATIES WAY
City-St-Zip: CALLAHAN, FL 32011

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROTCHFORD, BILL
Address: PO BOX 2777
City-St-Zip: PONTE VEDRA, FL 320822777 US

Title: TREA (X) Change () Addition
Name: CONWAY, WILL
Address: 369 LAKE MARIETTA DR W
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: SEC (X) Change () Addition
Name: BRATCHER, LYNNE
Address: 5003 BLACKBURN ST
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP () Change (X) Addition
Name: CARR, JAMES L
Address: 1275 DENAUD ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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: BILL ROTCHFORD

PRES

08/17/2007

Electronic Signature of Signing Officer or Director

Date