

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010880

Entity Name: JACKSONVILLE CERT, INC.

FILED  
May 13, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2777  
PONTE VEDRA BEACH, FL 320822777 US

## New Mailing Address:

12171 BEACH BLVD  
1203  
JACKSONVILLE, FL 32246 US

FEI Number: 20-1122383      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:

ROTCHFORD, BILL  
701 SAN MARCO BLVD  
EHS / 2ND FLOOR  
JACKSONVILLE, FL 32207 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: PRES ( ) Delete  
Name: ROTCHFORD, BILL  
Address: PO BOX 2777  
City-St-Zip: PONTE VEDRA, FL 320822777 US

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROTCHFORD, BILL  
Address: 12171 BEACH BLVD SUITE 1203  
City-St-Zip: JACKSONVILLE, FL 322246 US

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: WFROTCHFORD

PRES

05/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date