

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011193

FILED
Jan 08, 2008
Secretary of State

Entity Name: HENDRICKS DAY SCHOOL OF JACKSONVILLE, INC.

Current Principal Place of Business:

1824 DEAN RD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1824 DEAN RD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2095287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSSI, BUTLER, NAJEM & ROSARIO, P.A.
1506 PRUDENTIAL DRIVE
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: PD () Delete
Name: FELKER, PAUL
Address: 3790 HUNT CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: LOTT, SALLY
Address: 1824 DEAN RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: BURGESS, SHERMON
Address: 4815 MAID MARIAN LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GREEN, JANE
Address: 4815 MAID MARIAN LANE
City-St-Zip: JACKSONVILLE, FL 32210

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: GREEN, JANE
Address: 9202 JAYBIRD CIR. W
City-St-Zip: JACKSONVILLE, FL 32257

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: SALLY D LOTT

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date