


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90032 005 \*\*\*\*61.25

<b>DOCUMENT # N05000001716</b> 1. Entity Name <b>CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>4300 WEST CYPRESS STREET SUITE 600 TAMPA, FL 33607</b>			Mailing Address <b>4300 WEST CYPRESS STREET SUITE 600 TAMPA, FL 33607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02062006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>20-2454897</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Elaine Selover</b>		
STREET ADDRESS		STREET ADDRESS	<b>7916 SW 43rd Drive</b>		
CITY - ST - ZIP		CITY - ST - ZIP	<b>Gainesville, FL 32608</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Danny Linderman</b>		
STREET ADDRESS		STREET ADDRESS	<b>4300 W Cypress St, # 600</b>		
CITY - ST - ZIP		CITY - ST - ZIP	<b>Tampa, FL 33607</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<b>Jim Nellis</b>		
STREET ADDRESS		STREET ADDRESS	<b>4300 W. Cypress Street, # 600</b>		
CITY - ST - ZIP		CITY - ST - ZIP	<b>Tampa, FL 33607</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Elaine Selover</u>		2-6-06		813-229-2321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
<b>Elaine Selover, President</b>					