

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001716

FILED
Apr 28, 2008
Secretary of State

Entity Name: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Mailing Address:

5401 W. KENNEDY BLVD.
SUITE 731
TAMPA, FL 33609

FEI Number: 20-2454897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CHECKERS
4300 CYPRESS
SUITE 600
TAMPA, FL 33607 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: JIM NELLIS

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SELOVER, ELAINE
Address: 7916 SW 43RD DR
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: LINDERMAN, DANNY
Address: 4300 W CYPRESS ST 600
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: NELLIS, JIM
Address: 4300 W CYPRESS STE 600
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAY, KERRY
Address: 9712 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638

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: JIM NELLIS

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date