


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90085 037 ****61.25

DOCUMENT # N05000004701					
1. Entity Name PROVIDENCE AT WEST JACKSONVILLE, INC.					
Principal Place of Business 2700 UNIVERSITY BLVD. S. JACKSONVILLE, FL 32216			Mailing Address 8179 GALAXIE DR. JACKSONVILLE, FL 32244		
2. Principal Place of Business 2300 Bartram Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 16-1676946	
Zip 32207		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKS, TIMOTHY B SR. 8179 GALAXIE DR. JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, TIMOTHY B SR. 8179 GALAXIE DR. JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, JERRY 12315 BUCKS HARBOR DR. S. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CHARLENE 12315 BUCKS HARBOR DR. S. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, VERONICA 3029 LAGNEY DR. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Charlene Martin</i> Charlene Martin 4/17/06 904-221-3969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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