

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004701

FILED
Apr 27, 2007
Secretary of State

Entity Name: PROVIDENCE AT WEST JACKSONVILLE, INC.

Current Principal Place of Business:

2300 BARTRAM RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

7137 CISCO GARDENS RD
JACKSONVILLE, FL 32219

Current Mailing Address:

8179 GALAXIE DR.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 16-1676946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, TIMOTHY B SR.
8179 GALAXIE DR.
JACKSONVILLE, FL 32244 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: HICKS, TIMOTHY B SR.
Address: 8179 GALAXIE DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: CD () Delete
Name: MARTIN, JERRY
Address: 12315 BUCKS HARBOR DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MARTIN, SHARLENE
Address: 12315 BUCKS HARBOR DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: TROUP, VERONICA
Address: 3029 LAGNEY DR.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOWERY, KEITH L
Address: 8432 METTO RD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: HICKS, QUEEN V
Address: 8179 GALAXIE DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change () Addition
Name: LOWERY, JENETTA M
Address: 8432 METTO RD.
City-St-Zip: JACKSONVILLE, FL 32244

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: TIMOTHY B. HICKS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date