

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004701

FILED
May 01, 2008
Secretary of State

Entity Name: PROVIDENCE AT WEST JACKSONVILLE, INC.

Current Principal Place of Business:

7137 CISCO GARDENS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: () 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: TIMOTHY B. HICKS

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date