

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006466

FILED
Mar 05, 2009
Secretary of State

Entity Name: ASK ARC JACKSONVILLE, INC.

Current Principal Place of Business:

ATTN: JOYCE GIBSON
1050 N DAVIS STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

ATTN: JOYCE GIBSON
1050 N DAVIS STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 65-1254494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITTAKER, JAMES P
1050 NORTH DAVIS STREET
JACKSONVILLE, FL 32209 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: C () Delete
Name: WERKING, HELEN
Address: 9090 BARRISTER COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VC () Delete
Name: MOORE, DEBORAH
Address: 501 RIVERSIDE AVE, STE 1100
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: NOWIKOWSKI, ELISE
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: LARISCY, WARD
Address: 1520 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: JOHNSON, DEBBIE
Address: 5310 HAMPTON GABLE COURT WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: CFO () Delete
Name: GIBSON, JOYCE
Address: 1050 N DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

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
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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: JOYCE GIBSON

CFO

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date