

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009591

FILED
Apr 30, 2008
Secretary of State

Entity Name: FROM JACKSONVILLE WITH LOVE, INC.

Current Principal Place of Business:

2000 CORPORATE SQUARE BLVD.
STE 101
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2000 CORPORATE SQUARE BLVD.
STE 101
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3508172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOULD, STEPHEN A ESQ.
920 THIRD STREET
SUITE D
NEPTUNE BEACH, FL 32266 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: P () Delete
Name: SMITH, MICHAEL
Address: 31 17TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Delete
Name: SMITH, MARK
Address: 1610 COQUINA PLACE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Delete
Name: MASTROCINQUE, TRACI
Address: 11350 WILLEDSON DRIVE S
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, MICHAEL
Address: 2000 CORPORATE SQUARE BLVD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S (X) Change () Addition
Name: MASTROCINQUE, TRACI
Address: 2000 CORPORATE SQUARE BLVD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216 US

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: MICHAEL L SMITH

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date