

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90083 046 \*\*\*\*61.25

<b>DOCUMENT # N05000010069</b>					
<b>1. Entity Name</b> SAN JOSE FOUNDATION, INC.					
<b>Principal Place of Business</b> 7529 SAN JOSE BLVD. JACKSONVILLE, FL 32207			<b>Mailing Address</b> 7529 SAN JOSE BLVD. JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07062006    Chg-NP    CR2E037 (4/06)	
<b>4. FEI Number</b> 20-3916085				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MERCIER, LEE F 200 WEST FORSYTH STREET SUITE 1100 JACKSONVILLE, FL 32202			Name <b>SCOTT IRWIN</b> Street Address (P.O. Box Number is Not Acceptable) 7259 San Jose Blvd City <b>JACKSONVILLE</b> FL    Zip Code <b>32217</b>		
<b>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.</b>					
SIGNATURE		Scott R. Irwin		7/14/06	
Filing Fee is \$64.25 Due by September 6, 2006		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> Thomas W. Dangvan, Sr 9466 Seawater Oaks Drive Jacksonville, FL 32257		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> Bradley P. Rupp 1202 Maynard Drive Jacksonville, FL 32223		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> James T. Rube 4641 Commodore Circle Jacksonville, FL 32217		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Charles Cohen 1147 Laceyridge Rd Jacksonville, FL 32207		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> William Hammond 4024 La Vista Circle Jacksonville, FL 32217		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Gary Howard 1683 Acorngate Trail Jacksonville, FL 32223		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:			James T. Rube    7/19/06    904-737-5211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		