

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005812

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** EMPLOYMENT CONNECTIONS OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

3655 PINE STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

3655 PINE STREET  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 20-4959241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXWELL, SARA J  
3655 PINE STREET  
JACKSONVILLE, FL 32205 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: O  
Name: MAXWELL, HARRY O  
Address: 3655 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: MAXWELL, SARA J  
Address: 3655 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: O  
Name: KING, ALLISON H  
Address: 3111 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: O  
Name: HURDLE, WILLIAM A  
Address: 1762 SINGING BIRD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: O  
Name: KING, WILLIAM A  
Address: 8840 ARBOR BREEZE LANE  
City-St-Zip: JACKSONVILLE, FL 32222

I hereby 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 all other like empowered.

SIGNATURE: HARRY O. MAXWELL

O

02/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date