2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

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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

Title: O
Name: BREWER, TIMOTHY
Address: 2020 VELA NORTE CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

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 04/14/2011
Electronic Signature of Signing Officer or Director Date