

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008489

FILED
Jan 05, 2007
Secretary of State

Entity Name: JENNIFER SORRELLS FOUNDATION, INC.

Current Principal Place of Business:

6115 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8622
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 20-5357562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 N LAURA ST STE 2925
JACKSONVILLE, FL 32202 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: D () Delete
Name: STONER, LANCE C
Address: 1026 9TH AVE N
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: D () Delete
Name: CHANCELLOR-STONER, CONNIE E
Address: 13770 PLEASANT VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: STONER, LYNN W
Address: 13770 PLEASANT VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: FOSTER, RICHARD C
Address: 1026 9TH AVE N
City-St-Zip: JACKSONVILLE, FL 32250

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LANCE STONER

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date