

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008699

FILED
Jul 08, 2007
Secretary of State

Entity Name: JACKSONVILLE BULLDOG ALUMNI SCHOLARSHIPS, INC.

Current Principal Place of Business:

447 ATLANTIC BLVD.
SUITE 5
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 16363
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCIS, CHARLENE
1807 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MCGINNIS, JON
1802 LITCHI CT.
ORANGE PARK, FL 32073 US

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: JON MCGINNIS

07/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANIEL, MARY S
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: W. ROBERT KUHN, JR.,
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: J. DAVID PESTERFIELD,
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: STALEY, HENRY B
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: GRATIANO, MICHAEL A JR.
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MCCLESKEY, WILLIAM C
Address: 447 ATLANTIC BLVD. #5
City-St-Zip: ATLANTIC BEACH, FL 32233

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:

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 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: JON MCGINNIS

PRES

07/08/2007

Electronic Signature of Signing Officer or Director

Date