

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008699

FILED
Apr 23, 2008
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:

2746 CHEROKEE AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

POST OFFICE BOX 16363
JACKSONVILLE, FL 32245

New Mailing Address:

POST OFFICE BOX 16363
JACKSONVILLE, FL 32245 US

FEI Number: 20-5493745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOLTON, THOMAS L
2746 CHEROKEE AVENUE
JACKSONVILLE, FL 32210 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: THOMAS L BOLTON

04/23/2008

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOLTON, THOMAS L
Address: 2746 CHEROKEE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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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: THOMAS L BOLTON

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date