2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90033 048 ****70.00

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1. Entity Name
SJCC, INC.

Principal Place of Business	Mailing Address
7990 BAYMEADOWS ROAD 1207 JACKSONVILLE, FL 32256	7990 BAYMEADOWS ROAD 1207 JACKSONVILLE, FL 32256

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 600463
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St Johns, FL
Zip / Country	Zip: 32260-0463 / Country

4. FEI Number: 20-8594263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DARLA K 7990 BAYMEADOWS ROAD 1207 JACKSONVILLE, FL 32259	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORRIS, RONALD M 1100 PAWNEE PLACE JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORRIS, RONALD M 1559 SUMMERDOWN WAY JACKSONVILLE, FL 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, DARLA K 7990 BAYMEADOWS ROAD #1207 JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S SMITH, DARLA K 7990 BAYMEADOWS ROAD #1207 JACKSONVILLE, FL 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRIS, SUSAN S 1100 PAWNEE PLACE JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRIS, SUSAN S 1559 SUMMERDOWN WAY JACKSONVILLE, FL 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DARTT, NATHAN 5329 POND VIEW DRIVE JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darla K. Smith Darla K. Smith 4/16/08 904-997-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #