

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001140

Entity Name: SJCC, INC.

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

7990 BAYMEADOWS ROAD
1207
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 600463
JACKSONVILLE, FL 322600463

New Mailing Address:

FEI Number: 20-8594263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DARLA K
7990 BAYMEADOWS ROAD
1207
JACKSONVILLE, FL 32259 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: P () Delete
Name: MORRIS, RONALD M
Address: 1559 SUMMERDOWN WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: TS () Delete
Name: DARLA, SMITH K
Address: 7990 BAY MEADOWS ROAD #1207
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: MORRIS, SUSAN
Address: 15559 SUMMERDOWN WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: DARTT, NATHAN
Address: 5329 POND VIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, RONALD M
Address: 12102 DIVIDING OAKS DR. E
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: S (X) Change () Addition
Name: MORRIS, SUSAN
Address: 12102 DIVIDING OAKS DR. E
City-St-Zip: JACKSONVILLE, FL 32223

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: DARLA K SMITH

TS

01/30/2009

Electronic Signature of Signing Officer or Director

Date