

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003432

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: JACKSONVILLE HOSPITALITY INSTITUTE, INC.

**Current Principal Place of Business:**

1225 W. BEAVER STREET  
SUITE 205  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1131 N. LAURA STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 20-8968839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GROB, BRUCE R  
1131 N. LAURA STREET  
JACKSONVILLE, FL 32206 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: DC ( ) Delete  
Name: EVANS, J R  
Address: 1894 EDGEWOOD AVENUE S.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: DT ( ) Delete  
Name: LEE, KAREN K  
Address: 1950 UNIVERSITY BLVD. N.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: DS ( ) Delete  
Name: VLIEGEN, WALTER  
Address: 101 PLANTATION DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

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: KAREN K. LEE

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04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date