

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005071

FILED
Jan 06, 2009
Secretary of State

Entity Name: A ROYAL MENTORING CENTER FOR BOYS AND GIRLS, INC.

Current Principal Place of Business:

1967 WEST 45TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1967 WEST 45TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 26-0192501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JORDAN, ALBERT SR.
1967 WEST 45TH STREET
JACKSONVILLE, FL 32209 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: JORDAN, ALBERT SR.
Address: 1967 WEST 45TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: JACKSON, EDDIE F
Address: POST OFFICE BOX 17495
City-St-Zip: JACKSONVILLE, FL 322247088

Title: ST () Delete
Name: JACKSON, BARBARA
Address: POST OFFICE BOX 17495
City-St-Zip: JACKSONVILLE, FL 322247088

Title: D () Delete
Name: JORDAN, ANGELICA
Address: 8957 MADISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: SMITH, SAM
Address: 12447 BISCAYNE LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, JACOB SR.
Address: 5131 FOXBORO
City-St-Zip: JACKSONVILLE, FL 32208

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: ALBERT A. JORDAN SR.

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date