2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N07000006789

Entity Name: JACKSONVILLE MIRACLE LEAGUE, INC.

Current Principal Place of Business:

8216 CHERYL ANN LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 442339
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 14-2003350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, CARY L
8216 CHERYL ANN LANE
JACKSONVILLE, FL 32244 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: HANSON, CARY L
Address: 8216 CHERYL ANN LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: GODBOLD, CHRIS
Address: 7408 OVERLAND PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SEC ( ) Delete
Name: GODBOLD, LESA
Address: 7408 OVERLAND PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: TREA ( ) Delete
Name: GINA, AYRES
Address: 10795 LAS COLINAS WAY
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition
Name: COLEGATE, MARIE
Address: 2361 IRONSTONE DR W
City-St-Zip: JACKSONVILLE, FL 32246

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: CARY L. HANSON PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date