2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 12 PM 1:16

DOCUMENT # N07000009646

1. Entity Name
C&W ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
830 ARLINGTON RIVER DRIVE 129 JACKSONVILLE, FL 32211	P.O. BOX 440502 JACKSONVILLE, FL 32222

10132010 Clig-NP CR2E057 (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR ☐ 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
WILLIAMS, CLARA W 830 ARLINGTON RD., #127 JACKSONVILLE, FL 32211	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
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by September 24, 2010

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	PTD WILLIAMS, CLARA W 830 ARLINGTON RD., #127 JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 09/22/10--01023--003 **62.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, SONYA LEE P.O. BOX 24050 COLUMBIA, SC 29224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000185756390 09/22/10--01023--003 **62.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, SAMANTHA 1030 WESTDALE DRIVE JACKSONVILLE, FL 32211	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B. 10/13/10

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: Clara W Williams
Electronic Signature of Signing Officer or Director Date
Typed or Printed Name of Signing Officer or Director Daytime Phone #