

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010236

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE GJA CORP.

Current Principal Place of Business:

57022 ALDERMAN DRIVE
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

57022 ALDERMAN DRIVE
YULEE, FL 32097 US

New Mailing Address:

FEI Number: 26-1273637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMMONS, JAMES C
101 DOGWOOD CIRCLE
ST. MARYS, GA, FL 31558 US

Name and Address of New Registered Agent:

AMMONS, JAMES C SR
101 DOGWOOD CIRCLE
ST. MARYS, FL 31558 US

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: JAMES C. AMMONS, SR

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: AMMONS, JAMES C SR
Address: 101 DOGWOOD CIRCLE
City-St-Zip: ST. MARYS, GA 31558 US

Title: DIR () Delete
Name: JORDAN, PEARL
Address: P O BOX 411
City-St-Zip: YULEE, FL 32041 US

Title: DIR () Delete
Name: ROBERTS, HERMAN
Address: 57041 ALDERMAN DRIVE
City-St-Zip: YULEE, FL 32097 US

Title: PRES () Delete
Name: AMMONS, CLARA M
Address: 101 DOGWOOD CIRCLE
City-St-Zip: ST. MARYS, GA 31558 US

Title: SEC () Delete
Name: ROBERTS, ANNETTE M
Address: 57041 ALDERMAN DRIVE
City-St-Zip: YULEE, FL 32097 US

Title: TREA () Delete
Name: ALDERMAN, RALPH
Address: 57022 ALDERMAN DRIVE
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: AMMONS, JAMES C SR.
Address: 101 DOGWOOD CIRCLE
City-St-Zip: ST. MARYS, GA 31558 US

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: JAMES C. AMMONS, SR.

DIR

04/24/2009

Electronic Signature of Signing Officer or Director

Date