

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N07000010923

Entity Name: JCAA FOUNDATION, INC.

Current Principal Place of Business:

1247 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2528
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 26-1404244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROW, LAWRENCE ESQ
1247 S PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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: COP () Delete
Name: HARRIS, ED
Address: 914 CURLEW RD #195
City-St-Zip: DUNEDIN, FL 34698

Title: COPD () Delete
Name: MILLERGREN, SUE
Address: 1313 HILLSIDE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD () Delete
Name: MULLINS, DOLORES
Address: 1104 SUNSET RIDGE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: STROTHERS, KIM
Address: 8077 CASA DEL SOL CIR, 107
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: VAZANELIS, MARIA
Address: 1404 GULF RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: HARRIS, NICOLE
Address: 1853 LAUREL WOOD LANE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COP (X) Change () Addition
Name: GIALLOURAKIS, ANTHONY M
Address: 181 GARLAND CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: COPD (X) Change () Addition
Name: VACANT, VACANT
Address: NA
City-St-Zip: NA, NA NA

Title: VPD (X) Change () Addition
Name: VACANT, VACANT
Address: NA
City-St-Zip: NA, NA NA

Title: TD (X) Change () Addition
Name: TANNER, NIKI
Address: 444 ATHENS STREET
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D (X) Change () Addition
Name: VACANT, VACANT
Address: NA
City-St-Zip: NA, NA NA

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: ANTHONY M. GIALLOURAKIS

COP

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date