2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000010934

JONÉS BRANCH CENTER OWNERS ASSOCIATION, INC.



FILED

Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90009 004 ****61.25

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Principal Place of Business 7220 FINANCIAL WAY SUITE 400 Mailing Address

7220 FINANCIAL WAY SHITE 400

JACKSONVILL	E, FL 3335	JACKSONVILLE, FL 33356				• • • • • • • • • • • • • • • • • • •	1901L OBIIN BOIN BO	8111 BOIG1 11311 A	ÉRÉA CUTUR ITUS OU	:		
2. Principal Place of Business - No P.O. Box #			3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03192008 _{Ci}	hg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Number Applied For					
Zip Country			Zip		Col	Country						ot Applicable
					00.			5. Certificate of St	tatus Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current R	egistered	Agent		1 12		7. Name and Add	Iress of New I	Registered	Agent	
ALLEN, JOHN J 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 33356							Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL						 -					
						City		FL Zip Code				
8. The above	named entit	y submits this statement for	the purpo	se of changing its r	egister	ed office or	register	ed agent, or both, in	the State of FI	lorida. I am	familiar with,	and accept
the obligat	ions of regis	tered agent.										
SIGNATURE .	Slonatura tunas	f or printed name of registered agent an	ad tota it applic	able (b)OTE	Barreton							
	Signature, typeu	or printed frame of registered agent ar	о иле п вррпи	able. (NOTE:	negistere	d Agent signatu	we required	when reinstating)	,	DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			k payable to rtment of St	
10.		OFFICERS AND DIRE	CTORS		11.		A	DDITIONS/CHANG	ES TO OFFICE	ERS AND D	RECTORS IN	10
TITLE NAME	D ALLEN, J	OHN I		☐ Defete	TITLE						☐ Change	☐ Addition
STREET ADDRESS		ANCIAL WAY SUITE 400)			ET ADDRESS						
CITY-ST-ZIP	JACKSON	VVILLE, FL 33356			CITY	-ST-ZIP						
TITLE	D			☐ Delete	TITLE		D				Change	☐ Addition
name Street address	ALLEN, L		,		NAM	- i	λ11					
CITY-ST-ZIP	7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 33356				TT ADDRESS I		en, Laura					
TITLE						ET ADDRESS - ST-ZIP	722	O Financia	1 Way S	Suite 4	100	
NAME	D			☐ Delete	CITY	-ST-ZIP	722		1 Way S	Suite 4 256		Addition
	l ⁻	I, JOHN J		☐ Oelete		- ST- ZIP	722	O Financia	1 Way S	Suite 4 256	100 Change	Addition
STREET ADDRESS	ALLEN, II 7220 FIN	ANCIAL WAY SUITE 400)	☐ Delete	TITLE NAMI STRE	-ST-ZIP E IE IET ADDRESS	722	O Financia	1 Way S	Suite 4 256		Addition
CITY-ST-ZIP	ALLEN, II 7220 FIN)		TITLE NAMI STRE CITY	- ST - ZIP E ET ADDRESS - ST - ZIP	722	O Financia	1 Way S	Suite 4 256	Change	
CITY-ST-ZIP	ALLEN, II 7220 FIN	ANCIAL WAY SUITE 400)	☐ Delete	TITLE NAMI STRE CITY	- ST - ZIP E E E E ET ADDAESS - ST - ZIP	722	O Financia	1 Way S	Suite 4 2256		☐ Addition
CITY-ST-ZIP	ALLEN, II 7220 FIN	ANCIAL WAY SUITE 400)		TITLE NAMI STRE CITY TITLE NAMI	- ST - ZIP E E E E ET ADDAESS - ST - ZIP	722	O Financia	1 Way S	Suite 4 256	Change	
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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:

aura Henry Allen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR