

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012062

FILED
Apr 04, 2009
Secretary of State

Entity Name: ONE CLICK AT A TIME, INC.

Current Principal Place of Business:

12668 MANDARIN RD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12668 MANDARIN RD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 26-1784599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, KATHLEEN K
12668 MANDARIN RD
JACKSONVILLE, FL 32223 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: D () Delete
Name: MASON, KATHLEEN
Address: 12668 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MORRIS, PATRICK
Address: 3037 CROSBY LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MASON, SARAH
Address: 12668 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: CONKEY, JASON
Address: 2661 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MASON, WILLIAM G IV
Address: 12668 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: JACOBS, SEAN
Address: 5025 FULHAM RD S
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Change (X) Addition
Name: JACOBS, JESSICA
Address: 5025 FULHAM RD S
City-St-Zip: ORANGE PARK, FL 32073

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: KATHLEEN K. MASON

D

04/04/2009

Electronic Signature of Signing Officer or Director

Date