

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000122

Entity Name: TEAM HOPE OF JAX, INC.

FILED
Sep 09, 2009
Secretary of State

Current Principal Place of Business:

10369 ATLANTIC BLVD
1
JACKSONVILLE, FL 32225

Current Mailing Address:

10369 ATLANTIC BLVD
1
JACKSONVILLE, FL 32225

New Principal Place of Business:

10695 BEACH BLVD
6
JACKSONVILLE, FL 32246

New Mailing Address:

10695 BEACH BLVD
6
JACKSONVILLE, FL 32246

FEI Number: 27-0891321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GADSDEN, ANTONIO L
7925 MERRILL RD
2716
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

GADSDEN, ANTONIO L
3901 MARSH BLUFF DR
JACKSONVILLE, FL 32226 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: ANTONIO GADSDEN

09/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GADSDEN, ANTONIO L
Address: 7925 MERRILL RD APT 2716
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: COOPER, WADE D
Address: 4422 DETALLIE DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: JOSEPH, VERNON II
Address: 8230 DAMES PT CRS BLVD N 205
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GADSDEN, ANTONIO L
Address: 3901 MARSH BLUFF DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP (X) Change () Addition
Name: GADSDEN, TRACY E
Address: 3901 MARSH BLUFF DR
City-St-Zip: JACKSONVILLE, FL 32246

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: ANTONIO GADSDEN

PRES

09/09/2009

Electronic Signature of Signing Officer or Director

Date