

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004516

Entity Name: JALA FOUNDATION, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

126 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

126 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-2756546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE SUITE 1300
JACKSONVILLE, FL 322025017 US

Name and Address of New Registered Agent:

MICHAEL, FIGGINS
126 WEST ADAMS STREET
JACKSONVILLE, FL 32202 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: MICHAEL FIGGINS

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: COTNEY, HUGH
Address: 233 E. BAY STREET, SUITE 905
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: DUVALL, JOHN
Address: 225 WATER STREET, SUITE 710
City-St-Zip: JACKSONVILLE, FL 32203

Title: D () Change (X) Addition
Name: HARRELL, RENEE
Address: 4735 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Change (X) Addition
Name: SLATER, THOMAS
Address: ONE INDEPENDENT DRIVE, STE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: MURPHY, VICKEY
Address: 1015 NORTH LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: THOMAS SLATER

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date