

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007487

FILED
May 01, 2009
Secretary of State

Entity Name: MARY L JONES LAND TRUST INC

Current Principal Place of Business:

6826 RICHARDSON RD.
JACKSONVILLE, FL 32825

New Principal Place of Business:

Current Mailing Address:

10251 COMFORT CIR
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 26-6548430 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:

Name and Address of New Registered Agent:

CONSORTIUM DEVEL. GROUP OF NORTH FLA INC
10251 COMFORT CIR
ORLANDO, FL 32825 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, FERNANDA M JR
Address: 10251 COMFORT CIR.
City-St-Zip: ORLANDO, FL 32825

Title: SECT () Delete
Name: JONES, VICKII D
Address: 10251 COMFORT CIR
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: JONES, JAMES W JR
Address: 1210 HAYDEN DR
City-St-Zip: ATLANTA, GA 30344

Title: D () Delete
Name: JONES, FERNANDA M III
Address: 10251 COMFORT CIR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: JONES, CHERISE M
Address: 3426 ROYAL PALM DR.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: GARNER, MICHEL
Address: 1106 BRIARPARK WAY
City-St-Zip: VALRICO, FL 33594

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
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Address:
City-St-Zip:

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

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: FERNANDA M. JONES JR.

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date