2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011178

Entity Name: KIPP JACKSONVILLE, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7010 GAINES CT

JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

7010 GAINES CT JACKSONVILLE, FL 32217

FEI Number: 26-4046741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F&L CORP F&L CORP

ONE INDEPENDENT DR SUITE 1300

JACKSONVILLE, FL 322025017 US

ONE INDEPENDENT DR., SUITE 1300

JACKSONVILLE, FL 322025017 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: BY:CHARLES V. HEDRICK, AUTHORIZED SIGNATORY 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D/CH (X) Change () Addition

Name: BAKER, JOHN Name: BAKER, II, JOHN
Address: 1870 CHALLEN AVE Address: 1870 CHALLEN AVE

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete Title: D (X) Change () Addition

Name: CHARTRAND, GARY Name: CHARTRAND, GARY R
Address: 139 PONTE VEDRA BLVD Address: 139 PONTE VEDRA BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf DST} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:MAJDANIES, TOMName:MAJDANICS, THOMAS JAddress:1478 RIVERPLACE BLVD #1804Address:1478 RIVERPLACE BLVD #1804City-St-Zip:JACKSONVILLE, FL 32207City-St-Zip:JACKSONVILLE, FL 32207 US

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: JOHN D. BAKER II D/CH 04/14/2009