

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004222

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** JACKSONVILLE RIVER CITY QUEENS, INC.

**Current Principal Place of Business:**

11031 DUVAL ROAD  
STE A  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 77282  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

PO BOX 77009  
JACKSONVILLE, FL 32226 US

**FEI Number:** 80-0543167      **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:**

WELLS, NICHELLE E  
11031 DUVAL ROAD  
JACKSONVILLE, FL 32218 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:** PRES  
**Name:** WELLS, NICHELLE E  
**Address:** 11031 DUVAL ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGR  
**Name:** MILLER, JAZZMYN  
**Address:** 11031 DUVAL ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGR  
**Name:** CAMPBELL, JANIS  
**Address:** 11768 RAPID RIVER COURT  
**City-St-Zip:** JACKSONVILLE, FL 32219 US

**Title:** SEC  
**Name:** MILLER, JOIA  
**Address:** 11031 DUVAL ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32209 US

**Title:** CFO  
**Name:** SMITH, SONYA  
**Address:** 9437 MAIDSTONE MILL DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: NICHELLE E. WELLS

PRES

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date