

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012058

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** TOUCHDOWN JACKSONVILLE REVIVE THE PRIDE, INC.

**Current Principal Place of Business:**

3 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

117 W. DUVAL STREET  
SUITE 400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

3 INDEPENDENT DRIVE  
% KANDI BEGUE  
JACKSONVILLE, FL 32202

**New Mailing Address:**

221 N. HOGAN STREET  
SUITE 389  
JACKSONVILLE, FL 32202

**FEI Number:** 27-1510936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANNON, CARL  
3 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 US

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

CANNON, CARL  
117 W. DUVAL STREET  
SUITE 400  
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:

02/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CANNON, CARL  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: RUMMELL, PETER S  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: BURR, ED  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: BOSELLI, TONY  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: CATLETT, RICHARD  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: CLEMENT, ROBERT  
Address: 117 W. DUVAL STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

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: CARL CANNON

D

02/10/2010

Electronic Signature of Signing Officer or Director

Date