

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002010

FILED
Apr 27, 2011
Secretary of State

Entity Name: ECONOMIC ROUNDTABLE OF JACKSONVILLE INC.

Current Principal Place of Business:

JACKSONVILLE UNIVERSITY-DAVIS COL. OF BUS.
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

JACKSONVILLE UNIVERSITY-DAVIS COL. OF BUS.
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 27-1981325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRACKETT, CHARLES T
JACKSONVILLE UNIVERSITY-DAVIS COL OF BUS
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: PD
Name: BRACKETT, CHARLES T
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPSD
Name: ARTEAGA, SARAH
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD
Name: PORTER, ELIZABETH
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: PORDELI, HASSAN
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: BERRY, DR. PRISCILLA
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: EDWARDS, MARVIN
Address: JU-DAVIS COL OF BUS 2800 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

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: CHARLES T BRACKETT

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date