

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005209

FILED
Mar 02, 2011
Secretary of State

Entity Name: TRANSFORM JACKSONVILLE AND NE FLORIDA, INC.

Current Principal Place of Business:

5215 RIVER PARK VILLAS DRIVE
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

5215 RIVER PARK VILLAS DRIVE
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 27-2717843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHORTON, JAMES H
5215 RIVER PARK VILLAS DRIVE
ST AUGUSTINE, FL 32092 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: C/D
Name: GOLDSMITH, BEN F
Address: 5172 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: P/D
Name: YOUNG, JAMES
Address: 8132 WEKIVA WAY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S/D
Name: MORALES, HUGO MD
Address: 609 FERNWOOD LANE
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D
Name: HALL, STEVE
Address: 3674 SAN VISCAYA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D
Name: MCLEOD, THOMAS G
Address: 1426 EDGEWOOD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D
Name: WOODS, VERDUN P JR
Address: 135 RIDGEFIELD COURT
City-St-Zip: ORANGE PARK, FL 32065 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: JAMES H WHORTON

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03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date