

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009343

FILED  
Mar 09, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE JAPANESE SCHOOL, INC.

**Current Principal Place of Business:**

4522 SUMMER HAVEN BOULEVARD SOUTH  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

4522 SUMMER HAVEN BOULEVARD SOUTH  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 45-3614541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDWIN, SHINOBU  
4522 SUMMER HAVEN BOULEVARD SOUTH  
JACKSONVILLE, FL 32258 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:** LAFFERTY, YOKO  
**Address:** 5043 MONROE FOREST DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** VPD  
**Name:** KANEKIYO, MARIKO  
**Address:** 13401 SUTTER PARK DR SOUTH, #714  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** TD  
**Name:** BABA, NAMIE  
**Address:** 9945 MARGATE HILLS RD  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** SD  
**Name:** BALDWIN, SHINOBU  
**Address:** 4522 SUMMER HAVEN BOULEVARD SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32258

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:** YOKO LAFFERTY

PD

03/09/2012

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

\_\_\_\_\_  
Date