

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90011 020 \*\*\*\*70.00

**DOCUMENT # N12687**

1. Entity Name  
**JACKSONVILLE SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business  
C/O RUTH SIDBURY  
2420 TEBASSA ROAD  
JACKSONVILLE, FL 32216

Mailing Address  
C/O RUTH SIDBURY  
2420 TEBASSA ROAD  
JACKSONVILLE, FL 32216

11006001



01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2655885**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDBURY, RUTH  
2420 TEBASSA ROAD  
JACKSONVILLE, FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SIDBURY, RUTH  
STREET ADDRESS 2420 TEBASSA ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME SANDERS, CAMMIE  
STREET ADDRESS 817 WILLOW BRANCH AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PRADO, DEBORAH  
STREET ADDRESS 2412 TEBASSA RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE STD ☒ Change ☐ Addition  
NAME ~~Prado, Deborah~~  
STREET ADDRESS ~~2412 Tebassa Rd.~~  
CITY-ST-ZIP ~~Jacksonville, FL 32216~~

TITLE DV ☒ Delete  
NAME SANDERS, KEVIN  
STREET ADDRESS 817 WILLOW BRANCH AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D ☐ Change ☒ Addition  
NAME Johnson, Larry  
STREET ADDRESS 5465 Harden Avenue  
CITY-ST-ZIP Orange Park, FL 32065

TITLE D ☐ Delete  
NAME HARRIS, CLAUDIA  
STREET ADDRESS 12460 SWALLOW HAWK CT. E.  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JOHNSON, ROYAL J  
STREET ADDRESS 5465 HARDEN AVENUE  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE DV ☒ Change ☐ Addition  
NAME Johnson, Royal J  
STREET ADDRESS 5465 Harden Avenue  
CITY-ST-ZIP Orange Park, FL 32065

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ruth C. Sidbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 13, 2004 904-933-7042*  
Date Daytime Phone #