

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2655885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIDBURY, RUTH
2420 TEBASSA ROAD
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIDBURY, RUTH
STREET ADDRESS	2420 TEBASSA ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MILLER, KAREN
STREET ADDRESS	P.O. BOX 6725
CITY-ST-ZIP	JACKSONVILLE, FL 32236
TITLE	D
NAME	MILLER, MICHELLE
STREET ADDRESS	P.O. BOX 6725
CITY-ST-ZIP	JACKSONVILLE, FL 32236
TITLE	D
NAME	HARRIS, CLAUDIA
STREET ADDRESS	12460 SWALLOW HAWK CT. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DV
NAME	JOHNSON, ROYAL J
STREET ADDRESS	5465 HARDEN AVENUE
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80025-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-24-07

Date

904-733-7042

Daytime Phone #