

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 028 ****61.25

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**

40092891



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

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, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D EMILY MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7721 KNOLL DR S	
STREET ADDRESS	JACKSONVILLE, FL 32221	
CITY-ST-ZIP		
TITLE	D KEVIN CANNON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2377 DUNN AVE	
STREET ADDRESS	JACKSONVILLE, FL 32218	
CITY-ST-ZIP		
TITLE	CLAUDIA HARRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2042 TANNERS GREEN WAY	
STREET ADDRESS	JACKSONVILLE, FL 32246	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-19-08
Date

Daytime Phone #