

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22398

FILED
Apr 21, 2008
Secretary of State

Entity Name: CONCERNED TAXPAYERS OF DUVAL COUNTY, INC.

Current Principal Place of Business:

675 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

5044 ANDREWS STREET
JACKSONVILLE, FL 32254 US

Current Mailing Address:

675 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225 US

New Mailing Address:

P. O. BOX 2307
JACKSONVILLE, FL 32202 US

FEI Number: 59-2843693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERONEY, MIKE TREAS.
675 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

WINKLER, JOHN S
2515 OAK STREET
JACKSONVILLE, FL 32204 US

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: JOHN S WINKLER

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: MERONEY, MIKE TREAS.
Address: 675 QUEENS HARBOR BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: SEIBERT, DAVID
Address: 4552 ALPHA AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: PRES () Delete
Name: BATES, TONY
Address: 5044 ANDREWS STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP () Delete
Name: SMITH, DAVID
Address: 1053 KINGS ROAD
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP () Delete
Name: WINKLER, JOHN
Address: 2515 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR () Delete
Name: MUSSELWHITE, MARK
Address: 572 WELLHOUSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: JOSEPH, ANDREWS TREAS.
Address: POB 2307
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change () Addition
Name: HUNT, JEFF
Address: POB 2307
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JENSEN, J J
Address: POB 2307
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DRAPER, JOHN
Address: POB 2307
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN S WINKLER

VP

04/21/2008

Electronic Signature of Signing Officer or Director

Date