2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N22398

Entity Name: CONCERNED TAXPAYERS OF DUVAL COUNTY, INC.

Current Principal Place of Business:

7374 IRONSIDE DR W
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2307
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2843693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILHELM, VICTOR L
7374 IRONSIDE DR W
JACKSONVILLE, FL 32244 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: TREA
Name: ANDREWS, JOSEPH E
Address: 7198 CYPRESS COVE RD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC
Name: MARKLE, CONRAD
Address: 860 CEDAR BAY RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: PRES
Name: WILHELM, VICTOR
Address: 7374 IRONSIDE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: DIR
Name: MORRILL, ROD
Address: 687 OTTERSPOOL LN
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR
Name: BATES, TONY
Address: 5044 ANDREWS ST
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: DIR
Name: HOLDER, DAWN
Address: 2883 FORBES ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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: JOSEPH E, ANDREWS TREA 04/04/2011

Electronic Signature of Signing Officer or Director Date