

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90019 013 \*\*\*\*61.25



<b>DOCUMENT # N23589</b>				1. Entity Name <b>CENTRAL CIVITAN CLUB OF JACKSONVILLE, FLORIDA, INC.</b>	
Principal Place of Business <b>2325 BUTTONWOOD DRIVE JACKSONVILLE, FL 32216-2510</b>			Mailing Address <b>2325 BUTTONWOOD DRIVE JACKSONVILLE, FL 32216-2510</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2770653</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPEIR, EDWARD E 1545 BLANDING BLVD JACKSONVILLE, FL 32210-1301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, ELIZABETH		NAME		
STREET ADDRESS	2325 BUTTONWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322162510		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, TOMMY		NAME		
STREET ADDRESS	3720 SILVER BLVD #1901		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRINGTON, ROBERT		NAME	Jean Grant	
STREET ADDRESS	2234 LARRY DR W.		STREET ADDRESS	3829 Bess Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville, FL32211	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOULOUSE, JUDIE		NAME		
STREET ADDRESS	8139 FIELDSDR DR. W.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, GEORGE		NAME		
STREET ADDRESS	2325 BUTTONWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322162510		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, JUDY		NAME		
STREET ADDRESS	13449 TROON TRACE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		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: <u>Elizabeth Corey</u> Elizabeth Corey, TD			Date: <u>1/28/08</u>		Daytime Phone #: <u>904-731-1132</u>