

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25809

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** WEST JACKSONVILLE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1637 REDBIRD CREEK DRIVE  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

10345 SUGAR GROVE ROAD  
JACKSONVILLE, FL 32221 US

**Current Mailing Address:**

1637 REDBIRD CREEK DRIVE  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

10345 SUGAR GROVE ROAD  
JACKSONVILLE, FL 32221 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASKIN, JEANNIE  
1637 REDBIRD CREEK DRIVE  
JAX, FL 32221 US

**Name and Address of New Registered Agent:**

COLLIER, DEBRA  
10345 SUGAR GROVE RD  
JAX, FL 32221 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: DEBRA J COLLIER

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: COLLIER, DEBRA  
Address: 10345 SUGAR GROVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete  
Name: PAUL, CORNEAL  
Address: 866 CRESSWELL LN W  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: BURTON, RICHARD  
Address: 458 PORTOBELLO DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: P ( ) Delete  
Name: RIC, DILL  
Address: 419 MONTVILLE COURT  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: DEBRA J COLLIER

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date