2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N25826

Entity Name: WELLS CROSSING ASSOCIATION, INC.

Current Principal Place of Business:

751 OAK STREET
SUITE 600
JACKSONVILEL, FL 32204 US

New Principal Place of Business:

4196 HERSCHEL
SUITE 2
JACKSONVILEL, FL 32210 US

Current Mailing Address:

751 OAK STREET
SUITE 600
JACKSONVILEL, FL 32204 US

New Mailing Address:

4196 HERSCHEL
SUITE 2
JACKSONVILEL, FL 32210 US

FEI Number: 59-1322630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, R LAMAR JR
751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

THORNTON, JOHN T
4196 HERSCHEL STREET
SUITE 2
JACKSONVILLE, FL 32210 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 .T. THORNTON 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WINSTON, JAMES H.
Address: 645 RIVERSIDE AVE STE 619
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete
Name: THORNTON, JAMES P.
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SHAW, RALPH L JR
Address: 751 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

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:

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 T. THORNTON MGR 04/21/2009
Electronic Signature of Signing Officer or Director Date