

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2902263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

SMITH & HULSEY
1800 FLORIDA NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDT, TRICIA	
STREET ADDRESS	10301 DEERWOOD PARK BLVD, SUITE 102	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOLSOM, SARAH	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 1900	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BILLIE JOE	
STREET ADDRESS	701 WEST ADAMS STREET, SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREENHILL, MARY	
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 1300	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADOLPHSON, PEGGY	
STREET ADDRESS	3010 SOUTH THIRD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JERNIGAN, BARBARA	
STREET ADDRESS	500 WATER ST J150	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Lori	
STREET ADDRESS	701 West Adams Street, Suite 2	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeter, Agnes	
STREET ADDRESS	1200 Riverplace Blvd, Suite 800	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonteski, Susan	
STREET ADDRESS	50 North Laura Street, Suite 2750	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demetree, Donna	
STREET ADDRESS	One Independent Drive, Suite 2600	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

05/01/06 90399 010 \$61.25

JK 6/13

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:

AGNES JETER / AGNES JETER

6/8/06 904-962-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #