

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 040 ****61.25

DOCUMENT # N32881

1. Entity Name
DOWN SYNDROME ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business
**4600 BEACH BLVD
JACKSONVILLE, FL 32207 US**

Mailing Address
**7892 KENDAL DRIVE NORTH
JACKSONVILLE, FL 32221 US**

2. Principal Place of Business
1050 N. DAVIS ST.
Suite, Apt. #, etc.

3. Mailing Address
7892 KNOLL DRIVE N.
Suite, Apt. #, etc.



03222006 Chg-NP CR2E037 (11/05)

City & State
JACKSONVILLE, FL
Zip **32209** Country

City & State
JACKSONVILLE, FL
Zip **32221** Country

4. FEI Number
59-2978073

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTWIG, KENNETH S
7892 KENDAL DRIVE NORTH
JACKSONVILLE, FL 32221**

7. Name and Address of New Registered Agent

Name **KENNETH S. HARTWIG**

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

7892 KNOLL DRIVE N.

City **JACKSONVILLE** **FL** Zip Code **32221**

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

Kenneth S. Hartwig

KENNETH S. HARTWIG

4/20/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CORSE-ADAMS, SUSAN
2714 MC GRYS COVE
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARTWIG, KENNETH S
7892 KNOLL DRIVE NORTH
JACKSONVILLE, FL 32221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATTS, GREGORY
7932 HUNTERS GROVE
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAFFE, PAUL
1361 SYVIE LANE
ST. AUGUSTINE, FL 32095** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHILLING, TRISH
605 TIMBER POND DRIVE
PONTE VEDRA BEACH, FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kenneth S. Hartwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH S. HARTWIG

4/20/06

904-695-4441

Date

Daytime Phone #