

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32881

FILED
Sep 27, 2011
Secretary of State

Entity Name: DOWN SYNDROME ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

1050 NORTH DAVIS ST
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

1050 NORTH DAVIS ST
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-2978073 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PONDER, JENNIE
7075 RAMOTH DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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: JENNIE PONDER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED
Name: REVELS, DEBRA L
Address: 11401 SIMMONS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: PRES
Name: LEACH, JEFF
Address: 2575 SCOTT MILL DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: TREA
Name: WATTS, GREG
Address: 9745 TOUCHTON ROAD, UNIT #3005
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: DEBRA L. REVELS

ED

09/27/2011

Electronic Signature of Signing Officer or Director

Date