

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33914

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, INC.

**Current Principal Place of Business:**

4401 EMERSON ST  
#10  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

220 EAST FORSYTH STREET  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

4401 EMERSON ST  
#10  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

PO BOX 47584  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2998227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAGG, CHRISTOPHER D  
4401 EMERSON ST. SUITE 10  
JACKSONVILLE, FL 32207 US

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

FLAGG, CHRISTOPHER D  
220 EAST FORSYTH STREET  
JACKSONVILLE, FL 32202 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:

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPT ( ) Delete  
Name: CROWE, THAD  
Address: 8101 PHILIPS HWY #1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: 1VPT ( ) Delete  
Name: MADUAKA-CAIN, ELLIS  
Address: 118 WEST ADAMS STREET #500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TT ( ) Delete  
Name: DASHER, SHIRLEY  
Address: 1951 LEON RD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: PT ( ) Delete  
Name: FLAGG, CHRISTOPHER D  
Address: 4401 EMERSON ST. SUITE #10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ED ( ) Delete  
Name: JENKINS, SUZANNE  
Address: 4401 EMERSON STREET #10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Delete  
Name: PERRICONE, JULIE  
Address: 4401 EMERSON STREET #10  
City-St-Zip: JACKSONVILLE, FL 32207

**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: PT (X) Change ( ) Addition  
Name: FLAGG, CHRISTOPHER D  
Address: 220 EAST FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ED (X) Change ( ) Addition  
Name: PERRICONE, JULIE  
Address: 220 EAST FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE PERRICONE

ED

04/28/2006

Electronic Signature of Signing Officer or Director

Date