


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90267 004 \*\*\*\*75.00

<b>DOCUMENT # N33914</b> 1. Entity Name <b>JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, INC.</b>					
Principal Place of Business <b>220 EAST FORSYTH STREET JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>PO BOX 47584 JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04102007 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-2998227</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FLAGG, CHRISTOPHER D 220 EAST FORSYTH STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Thad Crowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 East Forsyth Street</b> City <b>Jacksonville</b> FL Zip Code <b>32202</b>		
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 <u>Thad Crowe</u> DATE <u>4/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CROWE, THAD 8101 PHILIPS HWY #1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT oliver Barakat 225 W. Water Street Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT MADUAKA-CAIN, ELLIS 118 WEST ADAMS STREET #500 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT Lou Gena Smith 1650 Prudential Drive Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DASHER, SHIRLEY 1951 LEON RD JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP IPP FLAGG, CHRISTOPHER D 220 EAST FORSYTH STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PERRICONE, JULIE 220 EAST FORSYTH STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Program Director Susan Harrell 220 E. Forsyth St. Jacksonville, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Susan Harrell</u> <b>Susan Harrell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/20/07</u> Daytime Phone # <u>904 356-2846</u>	