2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N33914 1. Entity Name JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, INC.						}		0267 004 ****75.0	10
Principal Place of Business 220 EAST FORSYTH STREET JACKSONVILLE, FL 32202 US			Mailing Address PO BOX 47584 JACKSONVILLE, FL 32207 US				 	AL AISIN SISIN AISIN SIAN SISIN AIS	111 81 B.L. IBT L
2. Principal Place of Business - No P.O. Box #		P.O. Box # 3. N	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04102007	Chg-NP	CR2E037 (12/06)	
City & State			City & State			4. FEI Number 59-2998	227	 	plied For at Applicable
Zip Country		ry	Zip Countr			5. Certificate of Status Desired			
	6. Name and Addr	ess of Current Regist	ered Agent			7. Name and A	Address of New F	Registered Agent	
ELACC CI	UDICTOBLED O			Name	Tha	d Cro	we_		
	HRISTOPHER D FORSYTH STREE	=T	Street Address			(P.O. Box Number is Not Acceptable)			
	VILLE, FL 32202	-'				ast Fos	yth St	reet	
				City ,	City Jacksonville FL Zip Code 32302				
	ions of registered agent			registered office		<u> </u>	n, in the State of Fi	lorida. I am familiar with, H 20 10" DATE	and accept
Due by May 1, 2007			9. Election Can	Election Campaign Financing Trust Fund Contribution.				Make check payable t	
	•	007				\$5.00 May Be Added to Fees	, ,	rida Department of S	
10	Due by May 1, 20	007 ICERS AND DIRECTO	Trust Fund C			Added to Fees	Flo	rida Department of S	tate
10.	OFF		Trust Fund C	11.		Added to Fees	Flo	erida Department of S	tate
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indicated on this report or supplies with this information indicated on this report or suppliemental 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.