

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33914

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

220 EAST FORSYTH STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

220 EAST FORSYTH STREET, SUITE C
JACKSONVILLE, FL 32202 US

Current Mailing Address:

PO BOX 47584
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2998227 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARAKAT, OLIVER
220 EAST FORSYTH STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BARAKAT, OLIVER
220 EAST FORSYTH STREET, SUITE C
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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VT () Delete
Name: SMITH, LOUGENA
Address: 1650 PRUDENTIAL DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: 2VT () Delete
Name: NOEL, CHRIS
Address: 220 E FORSYTH ST STE C
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: P () Delete
Name: FLAGG, CHRISTOPHER D
Address: 220 EAST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: ED () Delete
Name: HARRELL, SUSAN
Address: 220 E FORSYTH ST STE C
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VT (X) Change () Addition
Name: NOEL, CHRISTOPHER
Address: 115 EAST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: 2VT (X) Change () Addition
Name: SMITH, LOU GENA
Address: 1301 RIVERPLACE BOULEVARD, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: PP (X) Change () Addition
Name: FLAGG, CHRISTOPHER D
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 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: SUSAN HARRELL

ED

04/20/2009

Electronic Signature of Signing Officer or Director

Date