

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90040 019 ****61.25

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DOCUMENT # N34360			
1. Entity Name BUILDING OWNERS AND MANAGERS ASSOCIATION OF JACKSONVILLE, INC.		Principal Place of Business LEA, ROBERT W. 3901 CARMICHAEL AVENUE JACKSONVILLE, FL 32207 US	
Mailing Address P.O. BOX 24025 JACKSONVILLE, FL 32241-4025 US			
2. Principal Place of Business - No P.O. Box # Shelton, Mechelle	3. Mailing Address Same as above	03122008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 8000 Arlington Expressway	Suite, Apt. #, etc.	4. FEI Number 59-2354849	
City & State Jacksonville, FL	City & State	Applied For <input type="checkbox"/> Not Applicable	
Zip 32211	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEA, ROBERT W 3901 CARMICHAEL AVE JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Mechelle Shelton Street Address (P.O. Box Number is Not Acceptable) 8000 Arlington Expressway Ste 108 City Jacksonville FL 32211	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEOD, LAURA 8375 DIX ELLIS TRAIL - STE 101 JACKSONVILLE, FL 32256 <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	VT LEA, ROBERT W 3901 CARMICHAEL AVE JACKSONVILLE, FL 32207 <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	S SHELTON, MECHELLE 10151 DEERWOOD PARK BLVD, BLDG100, STE130 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mechelle Shelton 8000 Arlington Expressway, Ste 108 Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: Mechelle Shelton		Date: 3.12.08 Daytime Phone #: 724-1043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			