

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35718

FILED
Feb 07, 2005
Secretary of State

Entity Name: AMERICAN INSTITUTE OF GRAPHIC ARTS, JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

1528 FLAGLER AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

C/O UNF MARKETING & PUBLICATIONS
4567 ST. JOHNS BLUFF ROAD S
JACKSONVILLE, FL 322242646

Current Mailing Address:

C/O UNF/MARKETING & PUBLICATIONS
4567 ST JOHN BLUFF ROAD S
JACKSONVILLE, FL 322242645

New Mailing Address:

FEI Number: 59-2958942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSENTHAL, MARY ANN
UNF MARKETING & PUBLICATIONS
4567 ST JOHNS' BLUFF RD S
JACKSONVILLE, FL 322242645 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ROSENTHAL, MARY ANN
Address: UNF MKT & PUB, 4567 ST JOHNS' BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 322242645

Title: DP () Delete
Name: QUADROS, RUSSEL
Address: 1528 FLAGLER AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: MARKUICA, JENNIFER
Address: 8727 BAYPINE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: MARKWICA, JENNIFER
Address: 8727 BAYPINE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Change (X) Addition
Name: FISHER, MARY L
Address: 1731 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY FISHER

TR

02/07/2005

Electronic Signature of Signing Officer or Director

Date