

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35718

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

C/O MARY FISHER DESIGN
1731 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

C/O MARY FISHER DESIGN
1731 EMERSON STREET
JACKSONVILLE, FL 32207

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:

HOLCOMB, BRIAN P
C/O PRINT RESOURCES
14951 WALDEN SPRINGS WAY, NO 508
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

HOLCOMB, BRIAN P
C/O PRINT RESOURCES
7400 BAYMEADOWS WAY, SITE 100
JACKSONVILLE, FL 32256 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: BRIAN P HOLCOMB

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUBBARD, RON
Address: C/O MARY FISHER DESIGN, 1731 EMERSON ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: QUADROS, RUSSEL
Address: 833 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: ELIAS, DIANNE
Address: 4070 HERSCHEL STREET, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: HOLCOMB, BRIAN P
Address: 14951 WALDEN SPRINGS WAY, NO 508
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ROSETTE, VARICK
Address: C/O MARY FISHER DESIGN, 1731 EMERSON ST
City-St-Zip: JACKSONVILLE, FL 32207

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

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: BRIAN P HOLCOMB

TRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date