

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 003 ****61.25

DOCUMENT # N50047

1. Entity Name
THE JACKSONVILLE SCHOOL OF BRIDGE, INC.



Principal Place of Business
**3353 WASHBURN RD.
JACKSONVILLE, FL 32250**

Mailing Address
**3353 WASHBURN RD.
JACKSONVILLE, FL 32250**

40009524



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-HP CR2E037 (12/06)

4. FEI Number
59-3138691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEMPHILL, R. CRAIG
337-C E BAY ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	CROSS, GEOFFREY	
STREET ADDRESS	4712 YACHTSMANS DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	☒ Delete
NAME	CROSS, GEOFFREY	
STREET ADDRESS	4712 YACHTSMAN DR	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DT	☒ Delete
NAME	SEALS, SHIRLEY	
STREET ADDRESS	PO BOX 11534	
CITY-ST-ZIP	JACKSONVILLE, FL 32082	
TITLE	P	☐ Delete
NAME	CLUTTERBUCK, BONNIE	
STREET ADDRESS	1453 HARRINGTON PARK	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	WILLIAM FOERSTER	
STREET ADDRESS	1831 CROSS POINT WAY	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	V	☐ Change ☒ Addition
NAME	WILLIAM GILMORE	
STREET ADDRESS	13051 TALL TREE	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	T	☐ Change ☒ Addition
NAME	JOHN ROFI	
STREET ADDRESS	2279 EMILYS WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	S	☒ Change ☐ Addition
NAME	BONNIE CLUTTERBUCK	
STREET ADDRESS	1453 HARRINGTON PARK	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William Foerster

1/24/2007 223-3837 (904)