

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50047

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE JACKSONVILLE SCHOOL OF BRIDGE, INC.

Current Principal Place of Business:

3353 WASHBURN RD.
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

3353 WASHBURN RD.
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-3138691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMPHILL, R. CRAIG
337-C E BAY ST
JACKSONVILLE, FL 32202 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: P () Delete
Name: FOERSTER, WILLIAM
Address: 1831 CROSS POINT WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S () Delete
Name: GILMORE, WILLIAM
Address: 13051 TALL TREE
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT () Delete
Name: RUFI, JOHN
Address: 2279 EMILYS WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: CLUTTERBUCK, BONNIE
Address: 1453 HARRINGTON PARK
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SEALS, SHIRLEY
Address: MARSH POINT LANDING
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P (X) Change () Addition
Name: GILMORE, WILLIAM
Address: 13051 TALL TREE
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change () Addition
Name: RUFI, JOHN
Address: 2279 EMILYS WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S (X) Change () Addition
Name: STREETER, ALEXA
Address: 4332 CHELSEA HARBOR DR. W
City-St-Zip: JACKSONVILLE, FL 32224

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: WILLIAM GILMORE

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date