

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001838

FILED
Mar 25, 2009
Secretary of State

Entity Name: GLAD TIDINGS OF JACKSONVILLE, INC.

Current Principal Place of Business:

6131 TERRY ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6131 TERRY ROAD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3210701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ALGERINE B
6131 TERRY ROAD
JACKSONVILLE, FL 32216 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: PD () Delete
Name: COX, ALGERINE B
Address: 6131 TERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: WALDING, JOSEPH
Address: 1092 OVINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: CREECY, JAMES V
Address: 1632 MARION COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: VOTAW, PAUL
Address: 6131 TERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: ATD (X) Delete
Name: WATERS, MIKE
Address: 6131 TERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALGERINE B, COX

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date