2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N93000002110

Entity Name: PAXON IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

2010 MELSON AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

1650 ACADEMY ST
JACKSONVILLE, FL 32209 US

New Mailing Address:

1650 ACADEMY STREET
JACKSONVILLE,, FL 32209 DUV

FEI Number: 59-3173052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, MOSES
1650 ACADEMY ST
JACKSONVILLE, FL 32209 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: THOMPSON, MOSES
Address: 1650 ACADEMY ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VPD ( ) Delete
Name: UNDERWOOD, JIMMIE
Address: 10550 ARNEZ ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: AD ( ) Delete
Name: THOMPSON, RENEA
Address: 1651 UNVERSITY ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD ( ) Delete
Name: MOBLEY, CARLA S
Address: 4123 SANTEE RD
City-St-Zip: JACKSONVILLE, FL 32209

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: SD (X) Change ( ) Addition
Name: CRAWFORD, JERONE S
Address: 3946 ST. JOHNS AVE. #46
City-St-Zip: JACKSONVILLE, FL 32205

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: MOSES THOMPSON JR. PD 02/09/2009

Electronic Signature of Signing Officer or Director — Date