

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004803

1. Entity Name
EARTH DAY JACKSONVILLE, INC.



Principal Place of Business
**117 W DUVAL ST
SUITE 225
JACKSONVILLE, FL 32202 US**

Mailing Address
**117 W DUVAL ST
SUITE 225
JACKSONVILLE, FL 32202 US**



01232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number
59-3238364

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VELETA, CHRISTI
117 W. DUVAL STREET, STE. 225
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 the if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLHOURN, JOHN M 6144 E. DUVAL STREET STE 208 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELETA, CHRISTI 117 W DUVAL ST SUITE 225 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, JACKIE 5201 ATLANTIC BLVD UNIT 128 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, ROSEMARIE 7844 CHASE MEADOWS DRIVE EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKLEY, CHRIS 3677 BALLESTERO DRIVE STREET JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000432711
02/23/06-80080-012 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christi Velea **Christi Velea**

1-23-06

904-630-3692

DATE

DAYTIME PHONE #