


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 027 ****70.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3238364	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELETA, CHRISTI 117 W. DUVAL STREET, STE. 225 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLHORN, JOHN M <input type="checkbox"/> Delete 6144 E. DUVAL STREET STE 208 JACKSONVILLE, FL 32202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELETA, CHRISTI <input type="checkbox"/> Delete 117 W DUVAL ST SUITE 225 JACKSONVILLE, FL 32202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, JACKIE <input type="checkbox"/> Delete 5201 ATLANTIC BLVD UNIT 128 JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, ROSEMARIE <input checked="" type="checkbox"/> Delete 7844 CHASE MEADOWS DRIVE EAST JACKSONVILLE, FL 32256				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKLEY, CHRIS <input type="checkbox"/> Delete 3677 BALLESTERO DRIVE STREET JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John M. Shellhorn 1321 Eastport Road Jax FL 32218				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Collins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 Holmesdale Rd Jacksonville FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Chris Phillips Velea, President</u> 1-24-08 904-630-3692 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					