

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001106

FILED
Jan 16, 2009
Secretary of State

Entity Name: JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4049 WOODCOCK DR.
SUITE 200
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4049 WOODCOCK DR.
SUITE 200
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-1021800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ST.AMAND, STEVE
4049 WOODCOCK DR.
SUITE 200
JACKSONVILLE, FL 32207 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: DC () Delete
Name: CAMERON, DON
Address: 50 NORTH LAURA STREET, SUITE 3000
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT () Delete
Name: EDWARDS, JEFF
Address: 1741 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: MARLIER, CARLA
Address: 100 FESTIVAL PARL AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: P () Delete
Name: STAMAND, STEVE
Address: 4049 WOODCOCK DRIVE, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: DELAPARTE, CINDY
Address: 1637 RACETRACK ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: DT (X) Change () Addition
Name: NURSEY, MICHAEL
Address: 10245 CENTURION PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS (X) Change () Addition
Name: MARLIER, CARLA
Address: 12663 MUIRFIELD BLVD, S
City-St-Zip: JACKSONVILLE, FL 32225

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: STEVE ST. AMAND

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date