

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001531

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE MINORITY AIDS COALITION OF JACKSONVILLE, INC.

Current Principal Place of Business:

608 JULIA STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

610 N JULIA STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

2055 REYKO ROAD, SUITE 101
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3274346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAMPTON, GENO
610 N. JULIA STREET
JACKSONVILLE, FL 32202 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: D () Delete
Name: WILLIAMS, DERYA
Address: 1538 WINDY OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: WILLIAMS, DELANEY
Address: 4686 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: VCD () Delete
Name: WALKER, GLORIA
Address: 1126 SQUIRREL COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: MASTERS, ESMIN
Address: 11437 SWORDFISH DR
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAMPTON, GENO
Address: 3131 SCENIC OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: T (X) Change () Addition
Name: MASTER, ESMIN
Address: 9713 CARBONDALE DR. E.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VCD (X) Change () Addition
Name: NASH, JACKIE
Address: 3025 ALTAMONT AVE. E.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S (X) Change () Addition
Name: NELSON, SHANNON
Address: 4513 CROSSTIE RD. S.
City-St-Zip: JACKSONVILLE, FL 32257

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: GENO HAMPTON

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date