

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001531

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

610 N JULIA STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**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  
Name: HAMPTON, GENO  
Address: 3131 SCENIC OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

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

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

Title: S  
Name: NELSON, SHANNON  
Address: 4513 CROSSTIE RD. S.  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: GENO HAMPTON

D

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date