# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2011**
**Secretary of State**

DOCUMENT# N94000001531

**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: SIMMONS, ELLA
Address: 713 CHESSWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32259

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 02/07/2011

Electronic Signature of Signing Officer or Director Date