


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 027 ****61.25

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1. Entity Name
 FLORIDA JCI SENATORS, INC.



Principal Place of Business
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

Mailing Address
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

60044074



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05312008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0508833 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTHERLAND, STEPHEN E
 4670 ANCHOR LANE
 PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, SHARON	
STREET ADDRESS	234 LANDFORD PARK DR	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JOE	
STREET ADDRESS	5496 S. NOVA RD	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEWELL, DOYLE	
STREET ADDRESS	230 11TH CT	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EBBITT, DON	
STREET ADDRESS	P.O. BOX 991	
CITY-ST-ZIP	KEY WEST, FL 33041	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOT, KAY	
STREET ADDRESS	5018 GREENBROOK LANE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doyle Sewell	
STREET ADDRESS	230 11th Ct	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Jean Gronvold	
STREET ADDRESS	408 North Golf Dr	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Barash	
STREET ADDRESS	5301 NW 90th Ave	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Goldberg	
STREET ADDRESS	5496 S Nova Rd	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Windham	
STREET ADDRESS	8123 Betty Louise Dr	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Ackerman	
STREET ADDRESS	6130 55th Ave Cir E	
CITY-ST-ZIP	Bradenton FL 34203	

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 empowers.

SIGNATURE: Debra Gronvold Debra Gronvold 6/2/08 (954) 981-4378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #