


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N94000002967</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0508833	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUTHERLAND, STEPHEN E 4670 ANCHOR LANE PENSACOLA, FL 32514				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SHARON		NAME	Doyle Sewell	
STREET ADDRESS	234 LANDFORD PARK DR		STREET ADDRESS	230 11th Ct	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Vero Beach FL 32962	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, JOE		NAME	Debra Jean Gronvold	
STREET ADDRESS	5496 S. NOVA RD		STREET ADDRESS	408 North Golf Dr	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, DOYLE		NAME	Beth Barash	
STREET ADDRESS	230 11TH CT		STREET ADDRESS	5301 NW 90th Ave	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	Sunrise FL 33351	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBITT, DON		NAME	Joe Goldberg	
STREET ADDRESS	P.O. BOX 991		STREET ADDRESS	5496 S Nova Rd	
CITY-ST-ZIP	KEY WEST, FL 33041		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOT, KAY		NAME	Randy Windham	
STREET ADDRESS	5018 GREENBROOK LANE		STREET ADDRESS	8123 Betty Louise Dr	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	Panama City FL 32404	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Larry Ackerman	
STREET ADDRESS			STREET ADDRESS	6030 55th Ave Cir E	
CITY-ST-ZIP			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 empowered.					
<b>SIGNATURE:</b> <i>Debra Gronvold</i> <b>Debra Gronvold</b> 6/2/08 (954) 981-4378					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					