

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004998

FILED  
Mar 20, 2007  
Secretary of State

**Entity Name:** ENTERPRISE NORTH FLORIDA CORPORATION

**Current Principal Place of Business:**

4905 BELFORT RD  
SUITE 110  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

4905 BELFORT RD  
SUITE 110  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-3333217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSSITER, ALAN W  
4905 BELFORT ROAD  
SUITE 110  
JACKSONVILLE, FL 32256 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: PD ( ) Delete  
Name: ROSSITER, ALAN W  
Address: 4905 BELFORT ROAD SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: MAGUIRE, MICHAEL  
Address: 50 NORTH LAURA STREET SUITE 3700  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: SMITH, JACK  
Address: ONE INDEPENDENT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: C ( ) Delete  
Name: BLUM, FRED  
Address: 3740 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC ( ) Delete  
Name: HARRISON, EUGENE  
Address: 245 JOEY DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: WATSON, EUGENE  
Address: 245 JOEY DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN W ROSSITER

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date