

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005159

FILED
Jan 31, 2008
Secretary of State

Entity Name: JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK, INC.

Current Principal Place of Business:

923 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380103
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3284175 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASTRO, EDITH
10336 ARROWHEAD DRIVE
JACKSONVILLE, FL 32257 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: P () Delete
Name: CASTRO, EDITH
Address: 10336 ARROWHEAD DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: HAWLEY, BETH
Address: 3386 LAUREL GROVE S
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: PERKINS, TINA
Address: 14084 RED ROCK LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: T () Delete
Name: SWANHART, MIKE
Address: 5320 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MIDYETTE, JIMMY JR.
Address: 2239 ERNEST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: SARAGA, FRIEDA
Address: 3820 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MIDYETTE, JIMMY
Address: 3434 BLANDING BLVD, #237
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: D (X) Change () Addition
Name: SERWATKA, TOM
Address: 1905 WINDJAMMER LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify 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: EDI CASTRO

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date