

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005159

FILED
Jan 31, 2011
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
Name: CASTRO, EDITH
Address: 10336 ARROWHEAD DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP
Name: SERWATKA, TOM
Address: 1431 RIVERPLACE BLVD. # 120
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: CARIBALTES, TONY
Address: 2137 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T
Name: SHEPARD, ANDY
Address: 7357 TRAILS END
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: MIDYETTE, JIMMY
Address: 3865 ST. JOHNS AVE. # 1
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: WIRTH, TINA
Address: 3654 HEDRICK ST.
City-St-Zip: JACKSONVILLE, FL 32205

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: EDI CASTRO

PRES

01/31/2011

Electronic Signature of Signing Officer or Director

Date