

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90025 004 \*\*\*\*61.25

**DOCUMENT # N95000004737**

1. Entity Name  
FCCJ FOUNDATION REAL ESTATE HOLDING, INC.



Principal Place of Business  
501 WEST STATE STREET  
JACKSONVILLE, FL 32202

Mailing Address  
501 WEST STATE STREET  
JACKSONVILLE, FL 32202

50009673



**DO NOT WRITE IN THIS SPACE**

03072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3343207

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHRITTON, J. KIRBY  
1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ZELL, DONALD  
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 2500  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME MASON, DR. WILLIAM C  
STREET ADDRESS 501 WEST STATE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME ROSSITER, ALAN  
STREET ADDRESS 4905 BELFORT ROAD, SUITE 110  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D  
NAME DELANEY, KEVIN F  
STREET ADDRESS 9428 BAYMEADOWS ROAD, SUITE 580  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

**SIGNATURE:** \_\_\_\_\_

Dr. William Mason

3/10/06

(904)632-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #