

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005314

FILED
Feb 06, 2007
Secretary of State

Entity Name: CAVITE ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

3903 BRAMBLE ROAD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

3903 BRAMBLE ROAD
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3343563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELMUNDO, CARMELITA H P
3903 BRAMBLE ROAD
JACKSONVILLE, FL 32210 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: VP () Delete
Name: ESCOBAR, LEONIDA C
Address: 8010 BAGPIPE LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: POBLETE, JULIE
Address: 1747 VILLAGE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: 2VP () Delete
Name: CUEVAS, MANUEL
Address: 1706 ANDREWS CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: AUSTRIA, CYNTHIA
Address: 1586 POINT PARK DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: A () Delete
Name: RODIL, EMMA
Address: 3230 CULLENDON LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: A () Delete
Name: TAGUDTUD, ANTHONY
Address: 2494 SNOWY EGRET DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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: LEONIDA ESCOBAR

VP

02/06/2007

Electronic Signature of Signing Officer or Director

Date