2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001752

1. Entity Name
ILA LOCAL 1408 SCHOLARSHIP FUND, PORT OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
2040 E 21ST ST	P O BOX 40822
JACKSONVILLE, FL 32206	JACKSONVILLE, FL 32203

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FILED
May 11, 2005 08:00 AM
Secretary of State

03292005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3379414	Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, VINCENT S
2040 E 21ST ST
JACKSONVILLE, FL 32206

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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 _Vincent Cameron_   _President_   _4-29-05_
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, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	JJOGI00366080 05/11/05-80030-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, RICHARD K
STREET ADDRESS	501 W BAY ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	MEANS, ELIZABETH
STREET ADDRESS	655 W. 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	BRADY, TERRIE
STREET ADDRESS	1601 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	JONES, GERALD P
STREET ADDRESS	1037-1 NORTH EDGEWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
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 exemption stated in Section 119.07(3)(i), 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: _____   _4/22/05_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #