


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 042 ****61.25

DOCUMENT # N96000001752

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



Principal Place of Business
 2040 E 21ST ST
 JACKSONVILLE, FL 32206

Mailing Address
 P O BOX 40822
 JACKSONVILLE, FL 32203

DO NOT WRITE IN THIS SPACE

40001000



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3379414

Applied For
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | D JONES, RICHARD K 501 W BAY ST JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEANS, ELIZABETH 655 W. 8TH ST JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRADY, TERRIE 1601 ATLANTIC BLVD JACKSONVILLE, FL 32206 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, GERALD P 1037-1 NORTH EDGEWOOD AVE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Richard K. Jones, Dir. 4-28-06 904-956-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #