

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001752

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2040 E 21ST ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 40822  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 59-3379414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOHNSON, ROMIA - PRES  
2040 E 21ST ST  
JACKSONVILLE, FL 32206 US

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: ROMIA JOHNSON

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, RICHARD K  
Address: 501 W BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: MEANS, ELIZABETH  
Address: 655 W. 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: BRADY, TERRIE  
Address: 1601 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: JONES, GERALD P  
Address: 1037-1 NORTH EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32254

**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:

I hereby certify that the information supplied with this filing does not qualify 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: ROMIA JOHNSON

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date