

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002678

FILED
Apr 08, 2009
Secretary of State

Entity Name: PROVIDENCE SCHOOLS OF JACKSONVILLE, INC.

Current Principal Place of Business:

2701 HODGES BOULEVARD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2701 HODGES BOULEVARD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3391416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET #1800
JACKSONVILLE, FL 32202 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: PD () Delete
Name: ZINK, PAUL D
Address: 205 NORTH WIND COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VDS () Delete
Name: ZINK, SHARON
Address: 205 NORTH WIND COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VDT () Delete
Name: ZINK, JAMES
Address: 1817 SPICEBERRY CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: JOHNS, JIMMY R
Address: 4440 MAJESTIC BLUFF DR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BARFIELD, DON R
Address: 2805 SANS PAREIL ST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: JONES, RICHARD
Address: 2844 EVERCHARM PLACE
City-St-Zip: JACKSONVILLE, FL 32257

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 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: DHENNIE A WALLACE

MGR

04/08/2009

Electronic Signature of Signing Officer or Director

Date