

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002401

FILED
Jan 23, 2009
Secretary of State

Entity Name: JACKSONVILLE MARKETING AND ADVERTISING CLUB, INC.

Current Principal Place of Business:

9838 OLD BAYMEADOWS ROAD
324
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
324
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3430077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, GAYLE
510 FAIRGROUNDS PLACE
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: PRES () Delete
Name: HART, GAYLE
Address: 510 FAIRGROUNDS PLACE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: BERRY, KATHERINE
Address: 128 E FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: BARSIN, KENDALL
Address: 128 E FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: TREA () Delete
Name: WALDECK, SUSAN
Address: 701 RIVERSIDE PARK PLACE, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC () Delete
Name: BROWNRIGG, ALEXANDRA
Address: 1 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: IMPP () Delete
Name: BRASHEAR, KAREN S
Address: 1 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PETREE, LAURIE
Address: 9838 OLD BAYMEADOWS ROAD, #324
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: MORRIS, TYLER
Address: 9838 OLD BAYMEADOWS ROAD, #324
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: SEC (X) Change () Addition
Name: MACKEY, JAMIE
Address: 5220 BELFORT ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: SUSAN WALDECK

TREA

01/23/2009

Electronic Signature of Signing Officer or Director

Date