

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004675

1. Entity Name
SMOKE-FREE JACKSONVILLE COALITION, INC.

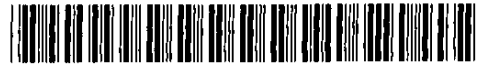


Principal Place of Business

**900 UNIVERSITY BLVD.
JACKSONVILLE, FL 32211**

Mailing Address

**900 UNIVERSITY BLVD.
JACKSONVILLE, FL 32211**



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3533927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TOUSEY, CLAY B
1 INDEPENDENT DR., STE. 2600
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TD
NAME FULLER, JR, A. ROY
STREET ADDRESS 6900 SOUTHPOINT DR N STE 550
CITY- ST- ZIP JACKSONVILLE, FL 32216

TITLE OFFD
NAME BELL, DALE
STREET ADDRESS 1701 PRUDENTIAL DR.
CITY- ST- ZIP JACKSONVILLE, FL 32207

TITLE OFFD
NAME LEVINE, MARCY
STREET ADDRESS 1701 PRUDENTIAL DR.
CITY- ST- ZIP JACKSONVILLE, FL 32207

TITLE BM
NAME WILLINGHAM, MARK
STREET ADDRESS 4838 MARINERS POINT DR
CITY- ST- ZIP JACKSONVILLE, FL 32225

TITLE BMD
NAME KENNISON, LYNNETTE
STREET ADDRESS 2800 UNIVERSITY BLVD N
CITY- ST- ZIP JACKSONVILLE, FL 32211

TITLE D
NAME WOODS, ROBERT
STREET ADDRESS 900 UNIVERSITY BLVD. N.
CITY- ST- ZIP JACKSONVILLE, FL 32211

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01/31/07-80011-022 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07