2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004675

FILED
Apr 13, 2009
Secretary of State

Entity Name: SMOKE-FREE JACKSONVILLE COALITION, INC.

Current Principal Place of Business:

900 UNIVERSITY BLVD N
SUITE 205
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

900 UNIVERSITY BLVD N
SUITE 205
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3533927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.
818 N. A1A
SUITE 104
PONTE VEDRA BEACH, FL 32082 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:	TD	( ) Delete
Name:	FULLER,JR, A. ROY	
Address:	6900 SOUTHPOINT DR N STE 550	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	OFFD	( ) Delete
Name:	BELL, DALE	
Address:	1701 PRUDENTIAL DR.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	OFFD	( ) Delete
Name:	LEVINE, MARCY	
Address:	1701 PRUDENTIAL DR.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	BM	( ) Delete
Name:	WILLINGHAM, MARK	
Address:	4838 MARINERS POINT DR	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	BMD	( ) Delete
Name:	KENNISON, LYNNETTE	
Address:	2800 UNIVERSITY BLVD N	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	WOODS, ROBERT	
Address:	900 UNIVERSITY BLVD. N.	
City-St-Zip:	JACKSONVILLE, FL 32211	

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: A. ROY FULLER JR.   TD   04/13/2009
Electronic Signature of Signing Officer or Director   Date