

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# N00000000644

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

637 N LEE ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

637 N LEE ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 48-0993627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RADER, MICHELLE L TREASUR
637 N LEE ST
JACKSONVILLE, FL 32204 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: DIR () Delete
Name: BRINSON, HARRIETTE VP
Address: CSX
City-St-Zip: JACKSONVILLE, FL 32202

Title: DIR () Delete
Name: ATKINS, TONY
Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: PRES () Delete
Name: PARKS, CHARLES
Address: FILE SAFE- 600 N ELLIS ROAD
City-St-Zip: JACKSONVILLE, FL 32203

Title: TREA () Delete
Name: RADER, MICHELLE L TREASUR
Address: COMMUNITY FIRST CU - 637 N LEE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC () Delete
Name: MARSH, LINDA SECRETA
Address: CSX- WATER ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change () Addition
Name: PARKS, CHARLES PRES
Address: FILE SAFE- 600 N ELLIS ROAD
City-St-Zip: JACKSONVILLE, FL 32203

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: MICHELLE L RADER

Electronic Signature of Signing Officer or Director

TREA

07/25/2008

_____ Date