

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004675

**Entity Name:** TOBACCO-FREE JACKSONVILLE COALITION, INC.**Current Principal Place of Business:**515 W 6TH STREET, MC43  
JACKSONVILLE, FL 32206**Current Mailing Address:**515 W 6TH STREET, MC43  
JACKSONVILLE, FL 32206**FEI Number:** 59-3533927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REAGAN, HARRY S  
55 WEST 9TH ST  
JACKSONVILLE, FL 32206 US*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**Officer/Director Detail :**

Title	TD
Name	FULLER,JR, A. ROY
Address	1354 N LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	SECR
Name	LEDBETTER, ELIZABETH
Address	3720 WAYLAND STREET
City-State-Zip:	JACKSONVILLE FL 32277

Title	OFF
Name	WALTON, CIARA
Address	6852 BELFORT OAKS PLACE
City-State-Zip:	JACKSONVILLE FL 32216

Title	OFF
Name	STEVENS, KASEY
Address	1107 MYRA STREET, SUITE 250
City-State-Zip:	JACKSONVILLE FL 32204

Title	BMD
Name	KENNISON, LYNNETTE
Address	2800 UNIVERSITY BLVD N
City-State-Zip:	JACKSONVILLE FL 32211

*I hereby 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 all other like empowered.*

**SIGNATURE:** A. ROY FULLER, JR.**TREASURER****04/17/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date