2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 8:00 am **Secretary of State**

DOCUMENT # N00000006679 03-03-2004 90008 036 ****61.25 MICAH'S PLACE, INC. Principal Place of Business Mailing Address 94024065 910 SOUTH 8TH ST. PO BOX 477 #102 YULEE, FL 32097 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address 1521 E St. Rd 200 Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 Cha-NP CR2E037 (10/03) 4. FEI Number 59-3675485 City & State City & State Applied For Unlee FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>us A</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS-JONES, MARILYN 12 PAINTED BUNTING Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND, FL 32034 Zip Code FI 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Secretary John Drew 603 S. Fletaher Are TITLE ☐ Delete TITLE Addition **EVANS-JONES, MARILYN** NAME NAME 12 PAINTED BUNTING STREET ADDRESS STREET ADDRESS Fernandina Beach, FL 32034 CITY-ST-ZIP AMELIA ISLAND, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LITTLE, SUSAN NAME NAME SEE ATTACHED STREET ADDRESS 1863 OCEAN VILLAGE DR. STREET ADDRESS CITY-ST-7IP AMELIA ISLAND, FL 32034 CITY_ST_7IP TITI F ☐ Change TITLE Delete ☐ Addition NICHOLSON, IRIS NAME NAME STREET ADDRESS 414 BEACHSIDE PLACE STREET ADDRESS CITY-ST-7IP AMELIA BEACH, FL 32034 CITY-ST-7IP ☑ Delete TITLE ☐ Change ☐ Addition TITLE VANPUYMBROUCK, DONNA LYNNE NAME NAME 4209 E. STATE D. 200, #1 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE COONROD, ANNE NAME NAME STREET ADORESS 3017 RIVERSIDE DR. STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE LIEBENDORFER, EMELIE NAME NAME 8 RED MAPLE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



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