2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709229

1. Entity Name
SAINT JOHNS RIVER COMMUNITY ACTION PARTNERSHIP, INCORPORATED

FILED
04 MAR 26 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL 3/30

03092004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1400 REID STREET PALATKA, FL 32177 US	P O BOX 490 PALATKA, FL 32178-0490 US

2. Principal Place of Business	3. Mailing Address
305 N STATE ST	Post office Box 220
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell, FL	City & State: Bunnell
Zip: 32110 / Country: U.S	Zip: FLORIDA / Country: U.S

4. FEI Number 59-1119871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYLES, MEVLYN
1400 REID STREET
PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name: JAMES KING
Street Address (P.O. Box Number is Not Acceptable): 305 North STATE ST
City: Bunnell FL Zip Code 32110

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

400031370104
03/26/04--01063--016 **98.25

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYLES, MEVLYN 1400 REID STREET PALATKA, FL 32177 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, KING JAMES 305 N STATE ST Bunnell FL 32110 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C FRAZIER, BEVERLY 2199 ASTOR STREET, UNIT 305 ORANGE PARK, FL 32073 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR, LINKE LYNDA 201 S. LEMON ST Bunnell FL 32210-1598 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ASHLEY, MAGGIE RT 6 BOX 1120 PALATKA, FL 32177 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIR, RASPET, MARY 216 S. 6th ST PALATKA, FL 32177 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAPPELL, ELSIE 80 RAILROAD STREET ESPANOLA, FL 32110 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, JORDAN Betty 4611 U.S. Hwy #17 ORANGE PARK, FL 32003 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUNNINGHAM, ERNESTINE 702 N 19TH STREET PALATKA, FL 00000 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, MYERS, LINDA 1419 REID ST Palatka FL 32177 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, ROBERT 103 POINT PLEASANT DR PALM COAST, FL 32137 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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: [signature], James King (386)437-0392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #