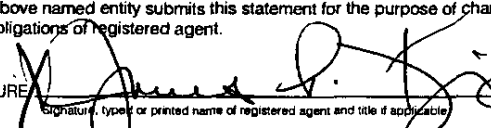
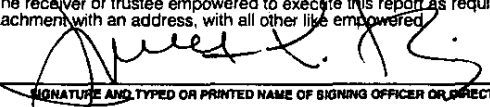


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709229 1. Entity Name SAINT JOHNS RIVER COMMUNITY ACTION PARTNERSHIP, INCORPORATED			FILED 04 MAR 26 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 03/30
Principal Place of Business 1400 REID STREET PALATKA, FL 32177 US		Mailing Address P O BOX 490 PALATKA, FL 32178-0490 US	
2. Principal Place of Business 305 N STATE ST Suite, Apt. #, etc.		3. Mailing Address Post office Box 220 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, MEVLIN 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  (NOTE: Registered Agent signature required when reinstating) 4000313770104 03/26/04--01063-017 ***94 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 D NAME RYLES, MEVLIN STREET ADDRESS 1400 REID STREET CITY-ST-ZIP PALATKA, FL 32177	☒ Delete	TITLE DIRECTOR, KING JAMES NAME 305 N STATE ST STREET ADDRESS Bunnell FL 32110 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE C NAME FRAZIER, BEVERLY STREET ADDRESS 2199 ASTOR STREET, UNIT 305 CITY-ST-ZIP ORANGE PARK, FL 32073	☒ Delete	TITLE CHAIR, LINKE LYNDIA NAME 201 S. LEMON ST STREET ADDRESS Bunnell FL 32210-1598 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VC NAME ASHLEY, MAGGIE STREET ADDRESS RT 6 BOX 1120 CITY-ST-ZIP PALATKA, FL 32177	☒ Delete	TITLE VICE CHAIR, RASPET, MARY NAME 216 S. 6th ST STREET ADDRESS PALATKA, FL 32177 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE S NAME CHAPPELL, ELSIE STREET ADDRESS 80 RAILROAD STREET CITY-ST-ZIP ESPANOLA, FL 32110	☒ Delete	TITLE SECRETARY, JORDAN Betty NAME 4011 U.S. HWY #17 STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE TD NAME CUNNINGHAM, ERNESTINE STREET ADDRESS 702 N 19TH STREET CITY-ST-ZIP PALATKA, FL 00000	☒ Delete	TITLE TREASURER, MYERS, LINDA NAME 1414 REID ST STREET ADDRESS Palatka FL 32177 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME BROOKS, ROBERT STREET ADDRESS 103 POINT PLEASANT DR CITY-ST-ZIP 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: 		Date James King (386) 437-0392	