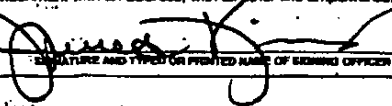


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-21-2005 90043 040 ****70.00

DOCUMENT #709229					
1. Entity Name SAINT JOHNS RIVER COMMUNITY ACTION PARTNERSHIP, INCORPORATED					
Principal Place of Business 305 NORTH STATE STREET BUNNELL, FL 32110 US			Mailing Address P O BOX 220 BUNNELL, FL 32110 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1119871	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KING, JAMES 305 NORTH STATE ST. BUNNELL, FL 32110-0220			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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) DATE					
Filing Fee is \$81.25 Due by May 1, 2005		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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KINGS, JAMES		NAME		
STREET ADDRESS	305 N STATE ST		STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 32110	DIRECTOR	CITY-ST-ZIP		
TITLE	CHAIR	☒ Delete	TITLE	Jordan, Betty CHAIR	☒ Change ☐ Addition
NAME	LINKER, LYNDIA		NAME		
STREET ADDRESS	201 S. LEMON ST., UNIT 305		STREET ADDRESS	4611 US HWY 17 #3	
CITY-ST-ZIP	BUNNELL, FL 322101598		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	VC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RASPET, MARY		NAME		
STREET ADDRESS	216 S. 6TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177	Vice Chair	CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	VACANT	☐ Change ☐ Addition
NAME	JORDAN, BETTY		NAME		
STREET ADDRESS	4611 US HWY #17		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MYERS, LINDA		NAME		
STREET ADDRESS	1419 REID ST.		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177	Treasurer	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1-10-05 386-437-0392		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		