2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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

66002179

Principal Place of Business	Mailing Address
305 NORTH STATE STREET BUNNELL, FL 32110 US	P O BOX 220 BUNNELL, FL 32110 US

01102005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, JAMES 305 NORTH STATE ST. BUNNELL, FL 32110-0220	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINGS, JAMES 305 N STATE ST BUNNELL, FL 32110 DIRECTOR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAI LINKEER, LYNDA 201 S. LEMON ST., UNIT 305 BUNNELL, FL 322101598 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jordan, Betty CHAIR 4611 US HWY 17 #3 Orange Park, FL 32003 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC RASPET, MARY 216 S. 6TH ST. PALATKA, FL 32177 Vice Chair ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JORDAN, BETTY 4611 US HWY #17 ORANGE PARK, FL 32003 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VACANT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MYERS, LINDA 1419 REID ST. PALATKA, FL 32177 Treasurer ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ 1-10-05 386-437-0352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #