2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #722358





FILED

Mar 19, 2008 8:00 am Secretary of State

03-19-2008 90022 017 ****70.00

Principal Place of Business PROFESSIONAL COMMUNITY MGMT, INC. 788 BLANDING BLVD, #118 ORANGE PARK, FL 32065 Mailing Address 788 BLANDING BLVD, # 118 ORANGE PARK, FL 32065									40 V -			11 3 3 81 1 1 8 1	
2. Principal Pl	ng Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01242008	Chg-NP	CR2E0	37 (12/06)		
City & State			Cit	y & State				4. FEI Number Applied For 59-1468630 Not Applicab					
Zip	o Country			Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required				litional		
6. Name and Address of Current Re				d Acent		7. Name and Address of New Registered Agent							
							Name						
PERRY, AI 786 BLANI ORANGE I	Street Address			ddress (F	(P.O. Box Number is Not Acceptable)								
ONANGE	FAINI, FL								•				
						City				FL	Zip Cod	е	
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													
	Filing Fee is \$61.25 9, Election Car Due by May 1, 2008 Trust Fund C					_		\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		RECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE	SD .					E	VP				☐ Change	Addition	
NAME	FERGUSON, SUZETTE					_	•					l	
STREET ADDRESS CITY-ST-ZIP	3 8207 SUTTON PLACE N JACKSONVILLE, FL 32217					ET ADDRESS :							
	D D									 	□ (h	- Addition	
TITLE NAME	HEMBREE, MARLENE			☐ Delete	TITLE NAM:						Change	☐ Addition	
STREET ADDRESS	8227 SUTTON PLACE N.					ET ADDRESS						1	
CITY-ST-ZIP	JACKSONVILLE, FL 32217				-ST-ZIP								
TITLE	PD			☐ Delete	TITLE	E	1			·	☐ Change	Addition	
NAME	STRICKLAND, BEN				NAM	_							
STREET ADDRESS CITY-\$T-ZIP	8247 SUTTON PL N JACKSONVILLE, FL 32217				ET ADDRESS -ST-ZIP								
		VILLE, FL 32217			-						П.C	- Addition	
TITLE NAME	D DROST, F	PAUI		☐ Đelete	TITLE						☐ Change	Addition	
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE, FL 32217				CITY	-ST-Z-P							
TITLE	PD			☐ Dolete		E	a				Change	Addition	
NAME	STEPHENS, PAUL				IE								
STREET ADDRESS					ET ADDRESS						!		
CITY-ST-ZIP		IVILLE, FL 32217		Atta		-ST-ZiP	-						
TITLE	MURPHY, DAN			Delete	E IE	Sec.	a Dani	e Se		☐ Change	Addition		
NAME STREET ADDRESS	**************************************				eet address	8174	Textor	- SA					
CITY-ST-ZIP		NVILLE, FL 32217			-ST-ZIP	Toca	Trefolga,		>>/7				
		e information supplied with	this filing	does not qualify for							tify that the in	nformation	

indicated on this report or supplemental report is true and accusted 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 in the supplemental report is true and accust the information 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 in the supplemental report is true information.