


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State


01-12-2006 90196 013 ****61.25

DOCUMENT # 724316 1. Entity Name AMELIA ISLAND FERNANDINA RESTORATION FOUNDATION INCORPORATED	
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Principal Place of Business 205 LIGHTHOUSE CIRCLE FERNANDINA BEACH, FL 32034 US	Mailing Address 205 LIGHTHOUSE CIRCLE FERNANDINA BEACH, FL 32034 US
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DO NOT WRITE IN THIS SPACE

40001703



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2160455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JACOBS, ARTHUR I.
961687 GATEWAY BLVD., SUITE 201-I
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT M 502 BROOME STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEGE, SUSAN H 205 LIGHTHOUSE CIR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORSLEY, REBECCA 504 BEECH ST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, DEE 1997 GARDINIA ST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORSLEY, GRANT 504 BEECH ST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAVANAUGH, ANNE B 102 N 6TH STREET FERNANDINA BEACH, FL 32034

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan H. Steger 1/9/06 904-261-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #