

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724466

FILED
Jan 05, 2009
Secretary of State

Entity Name: CHALLENGE ENTERPRISES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3530 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1248
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-1478621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOPELOUSOS, JOHN
1269 KINGSLEY AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OAKES, GLEN D
Address: 7732 RIVER AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S/T () Delete
Name: KELLY, EDWARD
Address: 200 W. FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32201 US

Title: D () Delete
Name: DASHER, BONITA CPA
Address: 401 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: D () Delete
Name: MOORE, ARTHUR
Address: 262 ST GEORGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D () Delete
Name: SIMPSON, TIM
Address: 801 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP () Delete
Name: KOPELOUSOS, JOHN
Address: 1269 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POWERS, WILLIAM
Address: 578 GOLDEN LENGTH DRIVE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOPELOUSOS

VP

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date