

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731342

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** EMPIRE POINT COMMUNITY COUNCIL, INC.

**Current Principal Place of Business:**

P.O. BOX 47114  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47114  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-2958583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COKER, HOWARD C.  
4931 RIVER POINT ROAD  
JACKSONVILLE, FL 32207 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: PD ( ) Delete  
Name: HARTLEY, RICK  
Address: 4844 RIVER POINT RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete  
Name: THOMPSON, FRANK  
Address: 4955 EMPIRE AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete  
Name: BAXTER, LAUREN  
Address: 4965 RIVER BASIN DR S  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: HODGINS, VIKI  
Address: 4735 EMPIRE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VIKI HODGINS

TD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date