## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#731342**

FILED Apr 14, 2007 Secretary of State

Entity Name: EMPIRE POINT COMMUNITY COUNCIL, INC.

**Current Principal Place of Business:** New Principal Place of Business:

P.O. BOX 47114 4815 EMPIRE AVENUE

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 LIS US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 47114

JACKSONVILLE, FL 32207 US

FEI Number: 59-2958583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COKER, HOWARD C BERNICE SNYDER 4931 RIVER POINT ROAD 4815 EMPIRE AVENUE

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

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: BERNICE SNYDER 04/14/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SD

() Delete (X) Change ( ) Addition HARTLEY, RICK FREELAND, ROBERT Name: Name:

4844 RIVER POINT RD Address: 4913 RIVER BASIN DR SOUTH Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete Title: VD (X) Change ( ) Addition THOMPSON, FRANK Name: Name: MARKS, LISA

Address: 4955 EMPIRE AVE Address: 4945 RIVER BASIN DR SOUTH

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change ( ) Addition BAXTER, LAUREN HARTLEY, RICK Name: Name: 4965 RIVER BASIN DR S 4844 RIVER POINT RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete Title: TD (X) Change ( ) Addition

Name: HODGINS, VIKI Name: SNYDER, BERNICE 4735 EMPIRE AVENUE Address: Address: 4815 EMPIRE AVENUE City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

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: BERNICE SNYDER TD 04/14/2007