2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 731342

Entity Name: EMPIRE POINT COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

4815 EMPIRE AVENUE
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 (X)**

Name and Address of Current Registered Agent:

BERNICE SNYDER
4815 EMPIRE AVENUE
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: FREELAND, ROBERT
Address: 4913 RIVER BASIN DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: MARKS, LISA
Address: 4945 RIVER BASIN DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: HARTLEY, RICK
Address: 4844 RIVER POINT RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete
Name: SNYDER, BERNICE
Address: 4815 EMPIRE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HODGINS, JOSEPH L
Address: 4735 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

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 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 04/15/2009

Electronic Signature of Signing Officer or Director Date