


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 006 ****70.00

DOCUMENT # 735332		
1. Entity Name SAN MARCO PRESERVATION SOCIETY, INC.		

Principal Place of Business 1652 ATLANTIC BLVD. JACKSONVILLE, FL 32207 US	Mailing Address 1652 ATLANTIC BLVD. JACKSONVILLE, FL 32207 US
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1674207	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHEPENIK, LAURA 4236 GREAT OAKS LN JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name WYNDEL D. LAPRADE Street Address (P.O. Box Number is Not Acceptable) 1036 Arbor Lane City Jacksonville FL Zip Code 32207	
---	--	---	--

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 Wyndel D. LaPrade, Treasurer 01/07/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, TIM 1018 SORRENTO ROAD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT (P) MOORE, RICHARD, JR. 3427 RANDOLF STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PERRITT, SUZANNE 945 ARBOR LANE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHEPENIK, LAURA 4236 GREAT OAKS LN JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer (T) LaPrade, Wyndel 1036 Arbor Lane JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-E SMITH, ROB 1725 BELMONTE AVENUE JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT-Elect (P-E) EVANS, VALERIE 4237 Great Oaks Ln JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wyndel D. LaPrade Wyndel D. LaPrade 01/07/08 (904) 396-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #