



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 003 ****61.25

DOCUMENT # 745117 1. Entity Name ST. TERESA DOCK ASSOCIATION, INC.																															
Principal Place of Business 1561 HICKORY AVE TALLAHASSEE, FL 32303 US			Mailing Address 1561 HICKORY AVE TALLAHASSEE, FL 32303 US																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01052008 Chg-NP CR2E037 (12/06)																											
City & State		City & State																													
Zip	Country	Zip	Country																												
4. FEI Number 59-1902120		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOPKINS, JUDITH J 1561 HICKORY AVE TALLAHASSEE, FL 32303																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
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																															
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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: <u>Judith J. Hopkins / Judith J. Hopkins</u> 3/10/08 850-222-3545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															