

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755830

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: ESSENTIAL CAPITAL FINANCE, INC.

## Current Principal Place of Business:

1300 RIVERPLACE BLVD, SUITE 107  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

1300 RIVERPLACE BLVD, SUITE 105  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

1300 RIVERPLACE BLVD, SUITE 107  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

1300 RIVERPLACE BLVD, SUITE 105  
JACKSONVILLE, FL 32207 US

FEI Number: 59-2157833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARREN, CLEVE  
1300 RIVERPLACE BLVD.  
STE. 105  
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: DP ( ) Delete  
Name: WARREN, CLEVE  
Address: 1300 RIVERPLACE BLVD., STE. 105  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VC ( ) Delete  
Name: INSEL, CARL  
Address: 10328 DEERWOOD PARK BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: DONALDSON, JANICE  
Address: 4567 ST JOHNS BLUFF ROAD S  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VC ( ) Delete  
Name: IRELAND, LOCK W  
Address: 13846 ATLANTIC BLVD, # 417  
City-St-Zip: JACKSONVILLE, FL 32225 US

## 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: CD (X) Change ( ) Addition  
Name: BEARD, MURRAY W  
Address: 1300 RIVERPLACE BLVD, SUITE 105  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: CLEVE WARREN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date