



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90228 006 \*\*\*\*61.25

<b>DOCUMENT # F95000006182</b>					
<b>1. Entity Name</b> METANOIA COMMUNITY, INC.					
<b>Principal Place of Business</b> 10372 BIGTREE LANE JACKSONVILLE, FL 32257 US			<b>Mailing Address</b> 10372 BIGTREE LANE JACKSONVILLE, FL 32257 US		
<b>2. Principal Place of Business</b> 349 SHADY OAK CIRCLE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 349 SHADY OAK CIRCLE Suite, Apt. #, etc.			
<b>City &amp; State</b> ST AUGUSTINE, FL		<b>City &amp; State</b> ST AUGUSTINE, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 32092		<b>Country</b> ST JOHNS		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LINNEHAN, JOHN X 10372 BIGTREE LANE JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name: JOHN X LINNEHAN Street Address (P.O. Box Number is Not Acceptable): 349 SHADY OAK CIRCLE City: ST AUGUSTINE FL Zip Code: 32092		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> LINNEHAN, MARTINA W <b>STREET ADDRESS</b> 12230 FLYNN WOODS ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 349 SHADY OAK CIRCLE <b>CITY-ST-ZIP</b> ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DSTA <b>NAME</b> LINNEHAN, JOHN X <b>STREET ADDRESS</b> 12230 FLYNN WOODS ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 349 SHADY OAK CIRCLE <b>CITY-ST-ZIP</b> ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KUGLER, JUDY <b>STREET ADDRESS</b> 4298 COVE WAY <b>CITY-ST-ZIP</b> MARIETTA, GA 30067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> CHAMBERS, KARL <b>STREET ADDRESS</b> 2936 3RD AVE N <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 3074 N. THORNAPPLE TERRACE <b>CITY-ST-ZIP</b> BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CHAMBERS, DEBBIE <b>STREET ADDRESS</b> 2836 3RD AVE N <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 3074 N. THORNAPPLE TERRACE <b>CITY-ST-ZIP</b> BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Martina W Linnehan, President April 29/05-1255</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					