

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006182

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: METANOIA COMMUNITY, INC.

**Current Principal Place of Business:**

349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINNEHAN, JOHN X  
349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 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: LINNEHAN, MARTINA W  
Address: 349 SHADY OAK CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DSTA ( ) Delete  
Name: LINNEHAN, JOHN X  
Address: 349 SHADY OAK CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: KUGLER, JUDY  
Address: 4298 COVE WAY  
City-St-Zip: MARIETTA, GA 30067

Title: DVP ( ) Delete  
Name: CHAMBERS, KARL  
Address: 3074 N THORNAPPLE TERRACE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D (X) Delete  
Name: CHAMBERS, DEBBIE  
Address: 3074 N THORNAPPLE TERRACE  
City-St-Zip: BEVERLY HILLS, FL 34465

**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: DVP (X) Change ( ) Addition  
Name: CHAMBERS, DEBBIE  
Address: 4000 NW 51ST STREET C-57  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTINA W. LINNEHAN

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date