


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001092 1. Entity Name OCEAN TERRACE OF JACKSONVILLE BEACH, INC.	
---	---

Principal Place of Business 4040 WOODCOCK DR., SUITE 202 JACKSONVILLE FL 32207	Mailing Address 4040 WOODCOCK DR., SUITE 202 JACKSONVILLE FL 32207
--	--



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 58-2636448
Suite, Apt. #, etc.	Suite, Apt #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	

6. Name and Address of Current Registered Agent

WHITEFIELD, B. THOMAS
4040 WOODCOCK DR., SUITE 202
JACKSONVILLE FL 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE	D <input type="checkbox"/> Delete FITTS, LAURA 1107 S. FIRST ST., UNIT A JACKSONVILLE FL 32250
NAME	D <input type="checkbox"/> Delete GOFF, CYNTHIA 1107 S. FIRST ST., UNIT L JACKSONVILLE FL 32250
STREET ADDRESS	D <input type="checkbox"/> Delete CASON, JAMES 1107 S. FIRST ST., UNIT E JACKSONVILLE BEACH FL 32250
CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000041739
STREET ADDRESS	02/09/04-80101-009 61.25
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: Cynthia C. Goff Cynthia C Goff 2/6/04 904-396-6644