


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000001092</b>	
<b>1. Entity Name</b> OCEAN TERRACE OF JACKSONVILLE BEACH, INC.	

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

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 58-2636448	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITTS, LAURA 1107 S. FIRST ST., UNIT A JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, CYNTHIA 1107 S. FIRST ST., UNIT L JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, JAMES 1107 S. FIRST ST., UNIT E JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000691939  
 04/13/07-80030-023 61.25

**DO NOT WRITE IN THIS SPACE**

**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: Cynthia C. Goff Cynthia C. Goff 4/3/2007 904-396-6644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #