


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 026 ****61.25

DOCUMENT # N00000002361					
1. Entity Name THE AMELIA ISLAND CONCOURS D'ELEGANCE FOUNDATION, INC.					
Principal Place of Business 3016 MERCURY RD S JACKSONVILLE, FL 32207			Mailing Address 3035 POWERS AVENUE SUITE #3 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3016 MERCURY RD. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE FL		4. FEI Number 59-3643911	
Zip		Zip 32207		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORGAN, ROBERT M ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, WILLIAM C 2970 MERCURY ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DROLSOM, GEORGE 14101 MANDARIN ROAD JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEEDY, DAVID B 3101 SOUTHERN HILLS CIRCLE WEST JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTNOY, JAY R 9283 SAN JOSE BLVD, SUITE 101 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, N MARK 3035 POWERS AVENUE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSS, JOHN 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 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: _____ <i>10 April 08</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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