

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 05, 2008  
Secretary of State

DOCUMENT# N00000005043

Entity Name: 57TH AVENUE INC.

**Current Principal Place of Business:**

5577 AVENUE  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

8523 LAURENS RD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 43-1958981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WARD, CHERON O  
7835 CLOVERLEAF STREET  
JACKSONVILLE, FL 32244      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: D      ( ) Delete  
Name: WARD, GEORGE W  
Address: 8523 LAURENS ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: WARD, FAYE H  
Address: 8523 LAURENS RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: WARD, CHERON O  
Address: 7835 CLOVERLEAF STREET  
City-St-Zip: JACKSONVILLE, FL 32244

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: WARD, CHERON O  
Address: 5560 OLIVER ST S  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D      ( ) Change (X) Addition  
Name: DAVIS, FRANKIE L  
Address: 5560 OLIVER ST S  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify 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: CHERON O WARD

D

09/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date