

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006012**

1. Entity Name

**METRO-SOUTH COMMUNITY DEVELOPMENT  
ASSOCIATION, INC.**



Principal Place of Business

**3563 PHILIPS HWY  
#703  
JACKSONVILLE, FL 32207**

Mailing Address

**3563 PHILIPS HWY  
#703  
JACKSONVILLE, FL 32207**



01132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**03-0429569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEEK, CRAIG  
3563 PHILIPS HWY  
#703  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGO, RICHARD
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	MEEK, CRAIG
STREET ADDRESS	3563 PHILIPS HWY #703
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	MC GEE, MAC
STREET ADDRESS	3300 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	HAMM, DAVID
STREET ADDRESS	2600 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000183815  
01/20/05-80004-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 904-376-7930

Date

Daytime Phone