

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 017 ****61.25

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**



01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
03-0429569

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUGO, RICHARD
3139 PHILIPS HWY
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MEEK, CRAIG
3563 PHILIPS HWY #703
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~D~~
~~MCQUEE, MAC~~
~~3563 PHILIPS HWY~~
~~JACKSONVILLE, FL 32207~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAMM, DAVID
2600 PHILIPS HWY
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/06

904-396-9930