

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 016 ****61.25

DOCUMENT # N00000006012

1. Entity Name *South Metro*
~~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

40064283



03242008 No Chg-NP

CR2E037 (4/06)

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]
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, 2008**

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 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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #