

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

02-18-2004 90024 043 ****61.25

6640816Z



MOORE CR2E037 (11/03)

DOCUMENT # N00000006650 1. Entity Name FIRST COAST METRO CHAPTER OF SPEBSQSA, INC.					
Principal Place of Business 10017 LAKE LAMAR COURT JACKSONVILLE FL 32256			Mailing Address 10017 LAKE LAMAR COURT JACKSONVILLE FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3430470 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOBOLEWSKI, MICHAEL 10017 LAKE LAMAR COURT JACKSONVILLE FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, JERRY 12229 MADISON CREEK DR JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIKE SOBOLEWSKI 10017 LAKE LAMAR CT JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SOBOLEWSKI, MIKE 10017 LAKE LAMAR CT JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RON LANDUAY S 4353 HUNTINGTON FOREST BLVD JACKSONVILLE FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DELANEY, KENNY 2435 GLADE SPRING DR JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAN PROCTOR 1926 IBLS POINT LANE JACKSONVILLE FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHRWER, MIKE 4956 MAXWOOD RD JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GEORGE BREEDON 6720 HARLOW BLVD JACKSONVILLE FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOFFMAN, DON 11782 LYNNE TREE LN W JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DON DKK NICKEL 73 KINGSLEY LN ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COPELAND, ARCH 6173 BELLE RIVER CT JACKSONVILLE FL 32256 <input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: ARCH H. COPELAND <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-4-04 <small>Date</small>		904 733 5578 <small>Daytime Phone #</small>



Attachment

60408162
#N00000000650

Subject: First Coast Metro Chapter of SPEBSQSA, Inc.

In response to your inquiry we are supplying the following information so that our business report filing can go ahead.

Mike Sobolewski – President
Ron Lendvay – Secretary
Dan Proctor - Vice President
George Breedon – Vice President
Dick Nickel – Vice President
Arch Copeland – Treasurer

If you have any further questions please contact us.

Arch Copeland – Treasurer

Arch Copeland

3-24-04

Attachments: 2