2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 8:00 am **Secretary of State** DOCUMENT # N00000006650 01-24-2007 90015 015 ****61.25 FIRST COAST METRO CHAPTER OF SPEBSQSA, INC. Principal Place of Business Mailing Address 5358 WINROSE FALLS RD 5358 WINROSE FALLS RD JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-3430470 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOBOLEWSKI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5358 WINROSE FALLS DR JACKSONVILLE, FL 32258 Zip Code City 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 ement and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition PROCTOR, DAN NAME NAME 1926 IBIS POINT LANE STREET ADDRESS STREET ADDRESS CITY-ST-7/P JACKSONVILLE, FL 32224 CITY-ST-ZIP Detete TITLE ☐ Change ■ Addition SOBOLOWSKI, MIKE NAME NAME 5358 WINROSE FALLS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL. 32258 CITY-ST-ZIP Æ BREEDON, GEORGE 6720 HARLOW BLW. JACKSONVILLE, FL 32210 TITLE Delete Addition GAUNT, CAL NAME NAME STREET ADDRESS 8057 CHATEAU DR. S STREET ADDRESS JACKSONVILLE, FL 32221 CITY-ST-ZIP CITY-ST-ZIP TITLE TITS F Delete SCHUBERT, DAVID 13837 IBIS POINT BLVD JACKSONVILLE, FL 32224 POREMSKY, MATTHEW NAME 5345 STANFORD RD APT #C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, PL 32207. CITY-ST-71P TITLE ☐ Delete TITLE ☐ Addition NICKEL, DICK NAME NAME STREET ADDRESS 73 KINGSLEY LANE STREET ADDRESS CITY-ST-7IP ORMOND BEACH, FL 32174 CITY-ST-ZIP MORIN, RICHARD 580 WELLHOUSE DR. IIILE ŦĐ Delete TITLE ☐ Change ☐ Addition HASTIE, TODO NAME 1270 LONG SLOUGA WALK STREET ADDRESS STREET ADDRESS ORANGE PARK, FL. 32003 JACKSONVILLE, FL. 32220 CITY-ST-ZIP 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.

SIGNATURÉ:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED