

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90081 049 ****61.25

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04042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3694212 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOPHEL, CONNIE
100 BELL TEL WAY STE 100
JACKSONVILLE, FL 32216

Name STEVEN R. MOUNTAIN
Street Address (P.O. Box Number is Not Acceptable)
1045 TOWN CENTER BLVD.
SUITE 150
City ORANGE PARK FL Zip Code 32003

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME NEAL, DONALD C ☐ Delete
STREET ADDRESS 870 LAGUNA DRIVE
CITY-ST-ZIP FERNANDINA, FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC
NAME BAKER, JR, JACK ☐ Delete
STREET ADDRESS 539 SOUTH 6TH STREET
CITY-ST-ZIP MACLENNY, FL 32063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MARTIN, CHRISTOPHER ☐ Delete
STREET ADDRESS 400 ST JOHNS AVE.
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STOPHEL, CONNIE ☐ Delete
STREET ADDRESS 100 BELL TEC WAY, STE. 100
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MEARES, GLORIA L ☐ Delete
STREET ADDRESS 2734 EAST HOLLY POINT ROAD
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

DONALD C. NEAL

4/6/06

904 272-5125