


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90372 047 ****61.25

DOCUMENT # N01000002566 1. Entity Name SAMPSON CIVIC ASSOCIATION, INC.					
Principal Place of Business 2450 RIVERPLACE TOWER 1001 RIVERPLACE BLVD JACKSONVILLE, FL 32207			Mailing Address C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # 8818 Goodbys Executive Dr.			3. Mailing Address Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State		
Zip 32217		Country Duval		Zip Country	
4. FEI Number 59-3691374				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 FRAZIER, W ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D ANSBACHER, ELAINE K 1001 RIVERPLACE BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8818 Goodbys Executive Drive Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSBACHER, BARRY B 1001 RIVERPLACE BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8818 Goodbys Executive Drive Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMELL, ALEX 1001 RIVERPLACE BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8818 Goodbys Executive Drive Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASON, WILLIAM 1001 RIVERPLACE BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8818 Goodbys Executive Drive Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Elaine K. Ansbacher</i>			Date: 4/24/08 (904) 737-4600		