

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90002 025 ****61.25

DOCUMENT # N01000007404					
1. Entity Name THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.					
Principal Place of Business 554 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250			Mailing Address 554 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 8777 SAN JOSE BLVD		3. Mailing Address 8777 SAN JOSE BLVD			
Suite, Apt. #, etc. SUITE 903		Suite, Apt. #, etc. SUITE 903		05162007 Chg-NP CR2E037 (12/06)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3754464	
Zip 32217		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON, CHARLES E III 2451 3RD STREET SOUTH JACKSONVILLE BEACH, FL 32250			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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 P/D NAME DIXON, CHARLES E III STREET ADDRESS 2451 SOUTH 3RD STREET CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE D NAME DIXON, CHARLES E III STREET ADDRESS 2451 SOUTH 3D STREET CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V/D NAME QUIROS, BERNAL J STREET ADDRESS 2627 LIGHTHOUSE COVE PLACE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE P/D NAME QUIROS, BERNAL J STREET ADDRESS 2627 LIGHTHOUSE COVE PLACE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/D NAME SIEMASKA, SAULIUS J STREET ADDRESS 612 SASSAFRAS TRACE CITY-ST-ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T/D NAME MCMORROW, THOMAS F STREET ADDRESS 6750 EPPING FOREST WAY N. #103 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE V/D NAME MCMORROW, THOMAS F STREET ADDRESS 6750 EPPING FOREST WAY N. #103 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T/D NAME WIMBERLY, DAVID C STREET ADDRESS 3513 PEBBLE PATH LANE CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME VISNOVSKY, BOB G STREET ADDRESS 113 DEER HAVEN DRIVE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Change <input checked="" 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>Thomas F. McMorro</i> V/D THOMAS F. MCMORROW			9/12/2007 904-562-4610		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

SEE ADDENDUM

ATTACHMENT

50001816

ADDENDUM TO 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.

DOCUMENT #N01000007404

Block 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Addition
NAME	Thomas W. Ashton	
STREET ADDRESS	2200 Ocean Drive South, #4-E	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	D	Addition
NAME	Allyn J. Barr	
STREET ADDRESS	1500 Bishop Estates Rd, Villa 28-A	
CITY-ST-ZIP	Saint Johns, FL 32259	
TITLE	D	Addition
NAME	Stephen L. Frankiewicz	
STREET ADDRESS	108 Willow Pond Lane	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	Addition
NAME	Carolyn P. Gaspard	
STREET ADDRESS	1769 Grassington Way South	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	Addition
NAME	John J. Meehan	
STREET ADDRESS	5124 Otter Creek Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	Addition
NAME	Will G. Merrill, Jr.	
STREET ADDRESS	108 Queens Way	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	D	Addition
NAME	Eric P. Schellhorn	
STREET ADDRESS	1489 Wild Iris Lane	
CITY-ST-ZIP	Orange Park, FL 32013	

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ADDENDUM TO 2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (Continued)

THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.

DOCUMENT #N01000007404

TITLE	D	Addition
NAME	Susan Schneider	
STREET ADDRESS	10286 Triple Crown Avenue	
CITY-ST-ZIP	Jacksonville, FL 32257	

TITLE	D	Addition
NAME	Sarah Stoddard Toppi	
STREET ADDRESS	308 E. 4 th Street	
CITY-ST-ZIP	Jacksonville, FL 32206	