


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 043 \*\*\*\*61.25

<b>DOCUMENT # N01000007404</b>					
<b>1. Entity Name</b> THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.					
<b>Principal Place of Business</b> 8777 SAN JOSE BLVD SUITE 903 JACKSONVILLE, FL 32217			<b>Mailing Address</b> 8777 SAN JOSE BLVD SUITE 903 JACKSONVILLE, FL 32217		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3754464				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DIXON, CHARLES E III 2451 3RD STREET SOUTH JACKSONVILLE BEACH, FL 32250			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> DIXON, CHARLES E III		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2451 SOUTH 3RD STREET	<b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> PD	<b>NAME</b> QUIROS, BERNAL J		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2627 LIGHTHOUSE COVE PLACE	<b>CITY-ST-ZIP</b> PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S/D	<b>NAME</b> SIEMASKA, SAULIUS J		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 612 SASSAFRAS TRACE	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32259		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> VD	<b>NAME</b> MCMORROW, THOMAS F		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 6750 EPPING FOREST WAY N. #103	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32217		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> TD	<b>NAME</b> WIMBERLY, DAVID C		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3513 PEBBLE PATH LANE	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> VISNOVSKY, BOB G		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 113 DEER HAVEN DRIVE	<b>CITY-ST-ZIP</b> PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas F. McMoraw</i> <b>THOMAS F. MCMORROW</b> <i>Treas/Dir</i> <b>4/29/2008</b> <b>(904) 502-4610</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT  
40104208

ADDENDUM TO 2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.  
DOCUMENT #N01000007404

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

TITLE	D	
NAME	Thomas W. Ashton	
STREET ADDRESS	2200 Ocean Drive South, #4-E	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	D	Change
NAME	Allyn J. Barr	Zip code
STREET ADDRESS	1500 Bishop Estates Rd, Villa 28-A	
CITY-ST-ZIP	Saint Johns, FL 32257	
TITLE	D	
NAME	Stephen L. Frankiewicz	
STREET ADDRESS	108 Willow Pond Lane	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	
NAME	Carolyn P. Gaspard	
STREET ADDRESS	1769 Grassington Way South	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	Addition
NAME	Daniel C. Kelso	
STREET ADDRESS	2367 Hawkcrest Drive East	
CITY-ST-ZIP	St. Johns, FL 32259	
TITLE	D	Addition
NAME	Joseph E. Naftzinger	
STREET ADDRESS	933 Spring Lake Court	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	D	Addition
NAME	Glenn M. Peters	
STREET ADDRESS	53 Westcedar Lane	
CITY-ST-ZIP	Palm Coast, FL 32164	

Continued next page

# ATTACHMENT

40104208

## ADDENDUM TO 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (Continued)

THE WEST POINT SOCIETY OF NORTH FLORIDA, INC.  
DOCUMENT #N01000007404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Eric P. Schellhorn  
1489 Wild Iris Lane  
Orange Park, FL 32013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Susan Schneider  
10286 Triple Crown Avenue  
Jacksonville, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
Sarah Stoddard Toppi  
308 E. 4<sup>th</sup> Street  
Jacksonville, FL 32206

Change  
Title