


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000009046	
<b>1. Entity Name</b> GREEN COVE SPRINGS MERCHANTS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<b>Mailing Address</b> 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043
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03312004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  ARNOLD, L. J. III, ESQ 718 N. ORANGE AVE. GREEN COVE SPRINGS, FL 32043
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**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) **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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U00000127105  
04/23/04-80060-024 61.25

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP DUVAL, STEVE J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV GARLINGHOUSE, PAT 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS OLSON, CONNIE 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, CAHTERINE 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4-22-04 **Daytime Phone #**