

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90255 024 \*\*\*\*70.00

**DOCUMENT # N01000009046**

1. Entity Name  
**GREEN COVE SPRINGS MERCHANTS ASSOCIATION, INC.**



Principal Place of Business  
**428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043**

Mailing Address  
**428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043**

14000011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ARNOLD, L. J. III, ESQ  
718 N. ORANGE AVE.  
GREEN COVE SPRINGS, FL 32043**

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

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, 2005**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
DUVAL, STEVE J  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HAYES, JOHNA  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
GARLINGHOUSE, PAT  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DU  
YEAMAN, ART  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
OLSON, CONNIE  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
FAHEY, BEVERLY  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
COLLINS, CAHTERINE  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MADDOX, MELUA  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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:

*Melua Maddox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1505

904284643

Date

Daytime Phone #