


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90195 003 \*\*\*\*61.25

<b>DOCUMENT # N01000009046</b> 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		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <i>P.O. Box 415</i> Suite, Apt. #, etc. <i>GREEN COVE SPRINGS</i> City & State <i>FLORIDA</i> Zip <i>32043</i> Country <i>FLA</i>			
4. FEI Number NOT APPLICABLE		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  ARNOLD, L. J. III, ESQ 718 N. ORANGE AVE. GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, JOHN 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ART YEAMAN 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YEAMAN, ART 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARILYN HADDOCK 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FAHEY, BEVERLY 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUKA SANOWICZ 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDOX, MELUA 428 WALNUT ST GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amy DUNN 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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>Marilyn Haddock, V.P.</i>			Date: <i>4/25/2006</i> Daytime Phone #: <i>904-284-5243</i>		