

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 23, 2009**  
**Secretary of State**

DOCUMENT# N01000009046

**Entity Name:** GREEN COVE SPRINGS MERCHANTS ASSOCIATION, INC.**Current Principal Place of Business:**401 BAY STREET  
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:**103 S. MAGNOLIA AVENUE  
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**PO BOX 415  
GREEN COVE SPRINGS, FL 32043**New Mailing Address:****FEI Number:** 80-0037478**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ARNOLD, L. J. III, ESQ  
718 N. ORANGE AVE.  
GREEN COVE SPRINGS, FL 32043 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** VANCAS, PHYLLIS  
**Address:** 1560 KINGSLEY AVE.  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** SEC ( ) Delete  
**Name:** THOMAS, KENDALL  
**Address:** 401 BAY STREET  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** TREA ( ) Delete  
**Name:** BARR, AJ  
**Address:** 220 PALMER STREET  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** ALT ( ) Delete  
**Name:** WRIGHT, ETHEL  
**Address:** 1210 EAST STREET  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** DUNN, AMY  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** VP (X) Change ( ) Addition  
**Name:** PAGE, GAYLEE  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** TREA (X) Change ( ) Addition  
**Name:** MASON, JOHN  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** SEC (X) Change ( ) Addition  
**Name:** SMITH, JEANINE  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** ALT ( ) Change (X) Addition  
**Name:** WRIGHT, ETHEL  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** P-EX ( ) Change (X) Addition  
**Name:** HADDOCK, MARILYN  
**Address:** 103 S. MAGNOLIA AVENUE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY DUNN

PRES

09/23/2009

Electronic Signature of Signing Officer or Director

Date