2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000063

1. Entity Name



FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90050 016 ****61.25

	ATION, INC.	/											
P.O. BOX 66177 C/O ORANGE PARK, FL 32065 130		1301 RIVERPLACE BLVD. JACKSONVILLE, FL 3220	Mailing Address C/O BARRY B. ANSBACHER, P.A. 1301 RIVERPLACE BLVD., STE. 2450 IACKSONVILLE, FL 32207-9047		1811 8811 8811 8811 8811 8811 8811	10 11 011 111							
767	tace of Business - No P.O. Box# BLANding Blvd	3. Mailing Address 767 BL	767 BLANDLAY BIVE.										
Suite, Apt. #, etc.		Ste 112			NP CR2E037								
City & State ORANGE PARK, FL		City & State ORANGE PA	City & State ORANGE PARK PL Zip Country			<u> </u>	plied For t Applicable						
Zip 320 0	Country USA	Zip 3 206 5	Country USA	5. Certificate of Status		8.75 Add se Required							
	6. Name and Address of Current F	Registered Agent	Nome		s of New Registered Ag	ent							
1301 RIVE	IER & MCKEEL, P.A. ERPLACE BLVD., STE. 2450 IVILLE. FL 32207-9047	Street Address	Name Cherstophed M. Jackson Street Address (P.O. Box Number is Not Acceptable)										
SACROOM	VILLE, 1 E 32201-3041		767 City	blandwy Blub. nye Park	ste 112	7in Code							
			CHY CRA	NgE PARK	FL	ZIP COO	37065						
	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 Chris M. Juden Community Ancientum Manager 4/19/2017 Signature, typod or printed name of resignated agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee Is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut													
	-	1	· · · —	\$5.00 May Be Added to Fees	Make check p Florida Departn								
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Cor	ntribution.	Added to Fees ADDITIONS/CHANGES T	Florida Departa	nent of St	ate						
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Interept certify mat the information supplied with this tiling does not quality 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: Chuo M. Judsom	CAM	Christopher	M. Jackson	4/14/2007	904-589-1	912
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Dayter	ne Phone #	