

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90024 010 ****61.25

DOCUMENT # N02000000435

1. Entity Name

FEDERAL POINT TOWNSHIP INCORPORATED



Principal Place of Business

120 COMMERCIAL AVE., FEDERAL POINT
EAST PALATKA FL 32131

Mailing Address

120 COMMERCIAL AVE., FEDERAL POINT
EAST PALATKA FL 32131

2. Principal Place of Business

134 COMMERCIAL AVE
Suite, Apt. #, etc.

3. Mailing Address

134 COMMERCIAL AVE
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

E. PALATKA FL

Zip
32131

Country
FLORIDA

City & State

E. PALATKA FL

Zip
32131

Country
FLORIDA

4. FEI Number

04-3616082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALLEN C II
120 COMMERCIAL AVE., FEDERAL POINT
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent

Name Robert C. Schenck (TRES.)

Street Address (P.O. Box Number is Not Acceptable)

134 COMMERCIAL AVE

City

E. PALATKA

FL

Zip Code

32131

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

ROBERT C. SCHENCK (TRES.) Robert C. Schenck 2/18/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE D ☐ Delete
NAME MAST, JAMES D
STREET ADDRESS 109 W. GROVELAND LANE
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE D ☐ Delete
NAME SCHENCK, ROBERT C
STREET ADDRESS 134 COMMERCIAL AVE.
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE D ☐ Delete
NAME SCOTT, ALLEN C II
STREET ADDRESS 120 COMMERCIAL AVE., FEDERAL POINT
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE D ☐ Delete
NAME COX, EDDIE
STREET ADDRESS 125 MAYS COVE RD.
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE D ☐ Delete
NAME MCCALL, KIM
STREET ADDRESS PO BOX 447
CITY-ST-ZIP JACKSONVILLE FL 32203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Robert C. Schenck Robert C. Schenck 2/18/04 904-692-2896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #