

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # N02000000435

1. Entity Name

FEDERAL POINT TOWNSHIP INCORPORATED



Principal Place of Business

134 COMMERCIAL AVE  
EAST PALATKA FL 32131

Mailing Address

134 COMMERCIAL AVE  
EAST PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

SCHENCK, ROBERT C  
134 COMMERCIAL AVE  
EAST PALATKA FL 32131

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

*Robert C. Schenck*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/05

FILE NOW: 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

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 U00000235188  
CITY-ST-ZIP 02/18/05-80051-012 \$1.25

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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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert C. Schenck*

Date

Daytime Phone #

2/16/05 904-691-2896