


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000000435	
<b>1. Entity Name</b> FEDERAL POINT TOWNSHIP INCORPORATED	

<b>Principal Place of Business</b> 134 COMMERCIAL AVE EAST PALATKA, FL 32131	<b>Mailing Address</b> 134 COMMERCIAL AVE EAST PALATKA, FL 32131
--	--



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 04-3616082	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SCHENCK, ROBERT C 134 COMMERCIAL AVE EAST PALATKA, FL 32131
---

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees.**

110000399867  
02/01/06-80022-002 61.25

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	MAST, JAMES D
<b>STREET ADDRESS</b>	109 W. GROVELAND LANE
<b>CITY - ST - ZIP</b>	EAST PALATKA, FL 32131
<b>TITLE</b>	D
<b>NAME</b>	SCHENCK, ROBERT C
<b>STREET ADDRESS</b>	134 COMMERCIAL AVE.
<b>CITY - ST - ZIP</b>	EAST PALATKA, FL 32131
<b>TITLE</b>	D
<b>NAME</b>	SCOTT, ALLEN C II
<b>STREET ADDRESS</b>	120 COMMERCIAL AVE., FEDERAL POINT
<b>CITY - ST - ZIP</b>	EAST PALATKA, FL 32131
<b>TITLE</b>	D
<b>NAME</b>	COX, EDDIE
<b>STREET ADDRESS</b>	125 MAYS COVE RD.
<b>CITY - ST - ZIP</b>	EAST PALATKA, FL 32131
<b>TITLE</b>	D
<b>NAME</b>	MCCALL, KIM
<b>STREET ADDRESS</b>	PO BOX 447
<b>CITY - ST - ZIP</b>	JACKSONVILLE, FL 32203
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Robert C. Schenck, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/06* *692-2896*  
Date Daytime Phone #