

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2007**

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

**000000589821  
01/18/07-80031-015 61.25**

**10. OFFICERS AND DIRECTORS**

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

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-07**

Date

**(904) 692-2896**

Daytime Phone #