## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # N0200000435  1. Entity Name FEDERAL POINT TOWNSHIP INCORPORATED				01-:	22-2008 90063 019	*****61.2	25	
134 COMMERCIAL AVE 13		Mailing Address 134 COMMERCIAL AVE EAST PALATKA, FL 32			8   88    89    89    88    88	<b>                                    </b>	#IE! E1  1481	
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008 Ch	g-NP CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 04-3616082	Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
SCHENCK, ROBERT C				Street Address (P.O. Box Number is Not Acceptable)				
134 COMMERCIAL AVE EAST PALATKA, FL 32131			Street Addres	Sired Address (P.O. Box Number is Not Addeptable)				
3						T =:		
			City		<u>FL</u>	Zip Code		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in t	he State of Florida. I am f	amiliar with, a	and accept	
SIGNATURE .	Signalure, typed or printed name of registered agent	and little if applicable. (NOTE	: Registered Agant signature requ	ired when reinstating)	DATE			
Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fire Trust Fund Contribution				\$5.00 May Be Added to Fees Florida Department of State				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAST, JAMES D 109 W. GROVELAND LANE EAST PALATKA, FL 32131	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENCK, ROBERT C 134 COMMERCIAL AVE. EAST PALATKA, FL 32131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ALLEN C II 120 COMMERCIAL AVE., FEDEI EAST PALATKA, FL 32131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, EDDIE 125 MAYS COVE RD. EAST PALATKA, FL 32131	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, KIM PO BOX 447 JACKSONVILLE, FL 32203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.  SIGNATURE:								
SIGNAL	UHE: MIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date D	aytime Phone #	0 26	