

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000435

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** FEDERAL POINT TOWNSHIP INCORPORATED

**Current Principal Place of Business:**

134 COMMERCIAL AVE  
EAST PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

134 COMMERCIAL AVE  
EAST PALATKA, FL 32131

**New Mailing Address:**

**FEI Number:** 04-3616082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHENCK, ROBERT C  
134 COMMERCIAL AVE  
EAST PALATKA, FL 32131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MAST, JAMES D  
Address: 109 W. GROVELAND LANE  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: SCHENCK, ROBERT C  
Address: 134 COMMERCIAL AVE.  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: SCOTT, ALLEN C II  
Address: 120 COMMERCIAL AVE., FEDERAL POINT  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: COX, EDDIE  
Address: 125 MAYS COVE RD.  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: MCCALL, KIM  
Address: PO BOX 447  
City-St-Zip: JACKSONVILLE, FL 32203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. SCHENCK

D

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date