

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 027 ****61.25

DOCUMENT # N03000007970

1. Entity Name
STACEY POOLE INC.



Principal Place of Business
**10367 MCLAURIN RD. EAST
 JACKSONVILLE, FL 32256**

Mailing Address
**P.O. BOX 40112
 JACKSONVILLE, FL 32203**

40120124



2. Principal Place of Business - No P.O. Box #
1

3. Mailing Address

Suite, Apt. #, etc.

05242007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
55-0844027

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

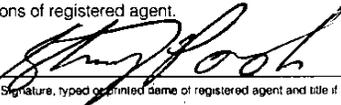
6. Name and Address of Current Registered Agent

**POOLE, STACEY L SR.
 10367 MCLAURIN RD. EAST
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

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  DATE

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

**Filing Fee is \$61.25
 Due by September 14, 2007**

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 | P | <input type="checkbox"/> Delete |
| NAME | POOLE, KEITH W SR | |
| STREET ADDRESS | 5928 FIRESTONE RD. APT. 154 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WRIGHT, CHARLENE | |
| STREET ADDRESS | 11685 CHESTNUT OAK DR. EAST | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | VANN, TONY | |
| STREET ADDRESS | 943 ASHTON COVE TERRACE | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
40120124
Division of Corporations

Annual Report

Annual Report Help

Document Number
N03000007970
Business Entity Name
STACEY POOLE INC.

FEI Number 550844027
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 10367 MCLAURIN RD. EAST
Suite, Apt. #, etc.
City, State JACKSONVILLE , FL
Zip Code & Country 32256

Mailing Address

Address P.O. BOX 40112
Suite, Apt. #, etc.
City, State JACKSONVILLE , FL
Zip Code & Country 32203

Name and Address of Registered Agent

Name (Last, First, Middle, Title) POOLE , STACEY , L , SR.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 10367 MCLAURIN RD. EAST
Suite, Apt. #, etc.
City, State JACKSONVILLE , FL
Zip Code & Country 32256 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40120124

N03000007970

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Handwritten Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) POOLE, KEITH, W, SR

- OR -

Entity Name to serve as Officer/Director

Street Address 5928 FIRESTONE RD. APT.154
City, State JACKSONVILLE, FL
Zip Code & Country 32244

Title S
Name (Last, First, Middle, Title) WRIGHT, CHARLENE,

- OR -

Entity Name to serve as Officer/Director

Street Address 11685 CHESTNUT OAK DR. EAST
City, State JACKSONVILLE, FL
Zip Code & Country 32218

Title VP
Name (Last, First, Middle, Title) VANN, TONY,

- OR -

Entity Name to serve as Officer/Director

Street Address 943 ASHTON COVE TERRACE
City, State JACKSONVILLE, FL
Zip Code & Country 32218

Title

40120124
N03000007970

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
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Street Address

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Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

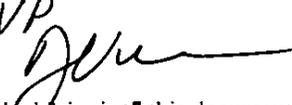
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

VP


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset



ATTACHMENT

North Florida Educational Institute
1527 Gandy Street
Jacksonville, FL 32208
Phone: 904-764-0084 Fax: 904-764-0859

40120124
403000007970

Date: 5-07-07

From: Stacey Poole (NORTH FLORIDA EDUCATIONAL INSTITUTE and STACEY POOLE ORGANIZATION)

To: Division of Corporation

I was not able to print off the Annual Survey Form due to website problems. I am requesting that you waive the late fees.

Thank you,

Stacey Poole

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40120124

 06062007 No Chg-NP CR2E037 (4/06)

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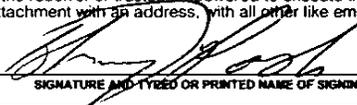
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| CITY - ST - ZIP | JACKSONVILLE, FL 32244 |
| TITLE | S |
| NAME | WRIGHT, CHARLENE |
| STREET ADDRESS | 11685 CHESTNUT OAK DR. EAST |
| CITY - ST - ZIP | JACKSONVILLE, FL 32218 |
| TITLE | VP |
| NAME | VANN, TONY |
| STREET ADDRESS | 943 ASHTON COVE TERRACE |
| CITY - ST - ZIP | JACKSONVILLE, FL 32218 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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SIGNATURE:  6/5/07 904-764-0084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #