
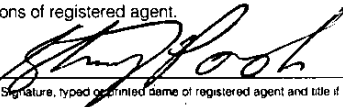


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N03000007970</b> 1. Entity Name <b>STACEY POOLE INC.</b>					
Principal Place of Business <b>10367 MCLAURIN RD. EAST JACKSONVILLE, FL 32256</b>			Mailing Address <b>P.O. BOX 40112 JACKSONVILLE, FL 32203</b>		
2. Principal Place of Business - No P.O. Box # <b>1</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>55-0844027</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
Suite, Apt. #, etc. City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>POOLE, STACEY L SR. 10367 MCLAURIN RD. EAST JACKSONVILLE, FL 32256</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POOLE, KEITH W SR</b> <b>5928 FIRESTONE RD. APT. 154</b> <b>JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WRIGHT, CHARLENE</b> <b>11685 CHESTNUT OAK DR. EAST</b> <b>JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VANN, TONY</b> <b>943 ASHTON COVE TERRACE</b> <b>JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

40120124



05242007 Chg-NP CR2E037 (12/06)



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**

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  
Officer/Director

Street Address

City, State

Zip Code & Country

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

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

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N03000007970	
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Principal Place of Business 10367 MCLAURIN RD. EAST JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 40112 JACKSONVILLE, FL 32203
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DO NOT WRITE IN THIS SPACE

40120124

[REDACTED]

06062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0844027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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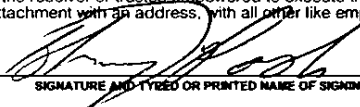
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10. OFFICERS AND DIRECTORS

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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 #