


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90079 044 ****61.25

DOCUMENT # N04000003602


1. Entity Name
ISLANDERS OF FERNANDINA BEACH FLA. INC.



Principal Place of Business Mailing Address
8024 OAKWOOD ST **8024 OAKWOOD ST**
JACKSONVILLE FL 32208 **JACKSONVILLE FL 32208**

2. Principal Place of Business 3. Mailing Address
2nd Principal Place of Business
8024 OAKWOOD ST JAX **8024 OAKWOOD ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Home *Home*

City & State City & State
Jacksonville FL **Jacksonville FL**
 Zip Country Zip Country
32208 **FL** **32208** **FL**



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, WILLIAM
8024 OAKWOOD ST
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent
 Name: *MR Same William Johnson*
 Street Address (P.O. Box Number is Not Acceptable): *8024 OAKWOOD STREET*
 City: *Jacksonville FL* **FL** Zip Code: *32208*

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: *William Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: *2/15/05*

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. <i>The Same</i> OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM	NAME	
STREET ADDRESS	8024 OAKWOOD ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TAKESHA	NAME	
STREET ADDRESS	8024 OAKWOOD ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ELIZABETH	NAME	
STREET ADDRESS	640 S KEECH ST	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Johnson* Date: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR