

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005843

FILED
Jan 09, 2008
Secretary of State

Entity Name: ST. NICHOLAS BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

3217 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Principal Place of Business:

1025 HOLMESDALE ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

1025 HOLMESDALE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1245466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROY
88/34-6 GOODBY'S EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 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: PRES () Delete
Name: SMITH, LOU GINA
Address: 2285 RED FERN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VICE () Delete
Name: MERO, JILL
Address: 6206 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC () Delete
Name: PETERS, HOLLY
Address: 3311 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA () Delete
Name: MILLER, JAN
Address: 1025 HOLMESDALE ROAD
City-St-Zip: JACKSONVILLE, FL 32207 N

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:

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: JAN MILLER

TREA

01/09/2008

Electronic Signature of Signing Officer or Director

Date