

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005843

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: ST. NICHOLAS BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

1025 HOLMESDALE ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**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: PRES (X) Change ( ) Addition  
Name: SMITH, LOU GINA  
Address: 2285 REDFERN ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: SEC (X) Change ( ) Addition  
Name: KOLAR, ERIC  
Address: 3305 ATLANTIC BLVD, STE B  
City-St-Zip: JACKSONVILLE, FL 32207

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

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: LOU GENA SMITH

PRES

02/25/2009

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

\_\_\_\_\_  
Date