

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 032 ****61.25

DOCUMENT # N04000006204

1. Entity Name
THE JAMES AND EMMA BLUE FAMILY REUNION, INC.



Principal Place of Business
**P O BOX 177
FERNANDINA BEACH, FL 32035**

Mailing Address
**P O BOX 177
FERNANDINA BEACH, FL 32035**



2. Principal Place of Business

P.O. Box 150501
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 150501
Suite, Apt. #, etc.

03072006 Chg-NP CR2E037 (11/05)

City & State

CAPE CORAL, FL
Zip Country
33915 AMERICA

City & State

CAPE CORAL, FL
Zip Country
33915 AMERICA

4. FEI Number
20-1348713

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALBERT, SPENCER
1805 CADILLAC CIR
TAMPA, FL 33619**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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** ☒ Delete
NAME **ALBERT, PRINCE**
STREET ADDRESS **402 CEDAR ST**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VP** ☐ Delete
NAME **BRYANT, DORA**
STREET ADDRESS **2603 CLEBURNE ST**
CITY-ST-ZIP **BRUNSWICK, GA 31520**

TITLE **S** ☒ Delete
NAME **BACON, SHAWNA B**
STREET ADDRESS **411 S 13TH ST**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **T** ☐ Delete
NAME **CHANEY, LEOLA M**
STREET ADDRESS **121 SW 13TH ST**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Regina ALBERT**
STREET ADDRESS **311 South 10th St**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

LEOLA M. CHANEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06
Date

239-574-1005
Daytime Phone #