

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 034 ****61.25

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1. Entity Name

JACKSONVILLE FIRST COAST CHAPTER FMPTA, CORP



Principal Place of Business

**3569 BALLESTERO DR S
JACKSONVILLE FL 32257**

Mailing Address

**3569 BALLESTERO DR S
JACKSONVILLE FL 32257**

50006167



2. Principal Place of Business

2244 Park Street

Suite, Apt. #, etc.

3. Mailing Address

2244 Park Street

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32204

Country

USA

Zip

32204

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANYETTE, RITA
3569 BALLESTERO DR S
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

Richard Levine

Street Address (P.O. Box Number is Not Acceptable)

2244 Park Street

City

Jacksonville

FL

Zip Code

32204

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

Richard Levine, To

3-16-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 PD ☐ Delete
NAME MCDONALD, DEAN
STREET ADDRESS 2550 WOODHAVEN CT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE EVD ☐ Delete
NAME JOHANN, JEANNE
STREET ADDRESS 3725 LILLY RD N
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ Delete
NAME SERENATI, NICHOLAS Q
STREET ADDRESS PO BOX 760
CITY-ST-ZIP WELLBORN FL 32094

TITLE SD ☐ Delete
NAME SULOCK, J AMANDA
STREET ADDRESS 5615 SAN JUAN AVE #605
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE TD ☐ Delete
NAME MANYETTE, RITA
STREET ADDRESS 3569 BALLESTERO DR S
CITY-ST-ZIP JACKSONVILLE FL 32257

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 EVD ☒ Change ☐ Addition
NAME Nicholas Serenati
STREET ADDRESS P.O. Box 760
CITY-ST-ZIP wellborn, FL 32094

TITLE VD ☒ Change ☐ Addition
NAME Ralph Cahill
STREET ADDRESS 13936 Crestwick Dr. E.
CITY-ST-ZIP Jacksonville, FL 32218

TITLE SD ☒ Change ☐ Addition
NAME Amy Cherie Copeland
STREET ADDRESS 1008 Osceola St. #4
CITY-ST-ZIP Jacksonville, FL 32204

TITLE TD ☒ Change ☐ Addition
NAME Richard Levine
STREET ADDRESS 2244 Park St.
CITY-ST-ZIP Jacksonville, FL 32204

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 Section 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:

Richard Levine

3-16-06

904-387-2685