

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 030 ****61.25

DOCUMENT # N05000002176

1. Entity Name
JACKSONVILLE FIRST COAST CHAPTER FMPTA, CORP



Principal Place of Business
**2244 PARK ST
JACKSONVILLE, FL 32204**

Mailing Address
**2244 PARK ST
JACKSONVILLE, FL 32204**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2532 Herschel St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 4

04232007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

32204

Country

USA

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, RICHARD
3244 PARK ST
JACKSONVILLE, FL 32204**

Name

(Change of address only)

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

2532 Herschel St.

#4

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

Richard Levine

4-23-07

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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
SERENATI, NICHOLAS
POB 760
WELLBORN, FL 32094** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CAHILL, RALPH
13936 CRESTWICK DR E
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHERIE-COPELAND, AMY
1008 OSCEOLA ST 4
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LEVINE, RICHARD
2244 PARK ST
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2532 Herschel St. #4
Jacksonville, FL 32204** ☒ Change ☐ Addition

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

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:

Richard Levine *Richard Levine*

4-23-07

904-613-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #