

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 049 ****61.25

DOCUMENT # N05000006377

1. Entity Name
**ST. JOHNS COUNTY PROFESSIONAL FIREFIGHTERS'
CHARITIES, INC.**



Principal Place of Business
**% ROBERT MCQUAIG, SECRETARY
4745 SUTTON PARK CT - STE 103
JACKSONVILLE, FL 32224**

Mailing Address
**% ROBERT MCQUAIG, SECRETARY
4745 SUTTON PARK CT - STE 103
JACKSONVILLE, FL 32224**

40094404



2. Principal Place of Business
**4745 SUTTON PARK CT
Suite, Apt. #, etc.
STE 103**

3. Mailing Address
**4745 SUTTON PARK CT
Suite, Apt. #, etc.
STE 103**

04182006 Chg-NP CR2E037 (11/05)

City & State
Jacksonville FL
Zip
32224

City & State
Jacksonville FL
Zip
32224

4. FEI Number
55-0901287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCQUAIG, DAVID H
4745 SUTTON PARK CT
STE 103
JACKSONVILLE, FL 32224**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
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 **D** ☐ Delete
NAME **WINTERS, BILLY K**
STREET ADDRESS **7961 HAMILTON AVE**
CITY-ST-ZIP **HASTINGS, FL 32145**

TITLE **D** ☐ Delete
NAME **D'AMOUR, JOHN**
STREET ADDRESS **108 GENTIAN RD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **D** ☐ Delete
NAME **MCQUAIG, ROBERT L**
STREET ADDRESS **4745 SUTTON PARK CT - STE 103**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ Delete
NAME **BECKETT, JAMES**
STREET ADDRESS **795 KINGS RD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **D** ☐ Delete
NAME **MEACHAM, MICHAEL**
STREET ADDRESS **700 CHARMWOOD DR**
CITY-ST-ZIP **AT AUGUSTINE, FL 32086**

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 ☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Robert L. McQuaig
Director

5-24-06

Date Daytime Phone #