
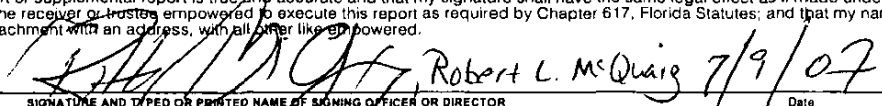


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90055 039 ****61.25

DOCUMENT # N05000006377																																																																																																																							
1. Entity Name ST. JOHNS COUNTY PROFESSIONAL FIREFIGHTERS' CHARITIES, INC.																																																																																																																							
Principal Place of Business 4745 SUTTON PRK CT STE 103 JACKSONVILLE, FL 32224			Mailing Address 4745 SUTTON PRK CT STE 103 JACKSONVILLE, FL 32224																																																																																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 55-0901287																																																																																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																			
MCQUAIG, DAVID H 4745 SUTTON PARK CT STE 103 JACKSONVILLE, FL 32224				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 \$61.25 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;">7961 HAMILTON AVE</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;">HASTINGS, FL 32145</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;">108 GENTIAN RD</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;">ST AUGUSTINE, FL 32086</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;">4745 SUTTON PARK CT - STE 103</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;">JACKSONVILLE, FL 32224</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;">795 KINGS RD</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;">ST AUGUSTINE, FL 32086</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;">700 CHARMWOOD DR</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;">AT AUGUSTINE, FL 32086</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 2px;"></td> </tr> </table>						10. 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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 7/9/07																																																																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																							