

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90366 001 ***140.00

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1. Entity Name
FAST COMMUNITY DEVELOPEMENT CORP.



Principal Place of Business
**4751 WALGREEN RD.
JACKSONVILLE, FL 32209**

Mailing Address
**4751 WALGREEN RD.
JACKSONVILLE, FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-3092241

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOULD, STEVEN A
444 3RD STREET
NEPTUNE BEACH, FL 32266**

7. Name and Address of New Registered Agent

Name **HOULD, STEPHEN A.**

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

SUITE D

City **NEPTUNE BEACH**

FL

Zip Code
32266

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 of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/2006

**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 **NEWMAN, JOHN A**
STREET ADDRESS **3796 BIGGIN CHURCH RD. W**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ Delete
NAME **THOMPSON, LENA A**
STREET ADDRESS **1231 BROOKWOOD FOREST BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **D** ☐ Delete
NAME **THOMAS, PATRICIA**
STREET ADDRESS **1222 SQUIRREL LANE S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **D** ☐ Delete
NAME **CAMMON, GEORGE**
STREET ADDRESS **2616 GLEN MAWR RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Delete
NAME **PHILLIPS, SANDRA**
STREET ADDRESS **4301 CONFEDERATE POINT RD. APT #174**
CITY-ST-ZIP **JACKSONVILLE, FL 322**

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

904 768-4325

Daytime Phone #