


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 010 ****61.25

DOCUMENT # N05000008686 1. Entity Name FPHA FOUNDATION, INC.					
Principal Place of Business 1605 PEBBLE BEACH BOULEVARD GREEN COVE SPRINGS, FL 32043			Mailing Address 1605 PEBBLE BEACH BOULEVARD GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE, STE 115 JACKSONVILLE, FL 32204				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, NICK		NAME	MIKE NAPIER	
STREET ADDRESS	1605 PEBBLE BEACH BOULEVARD		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT-ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, MIKE		NAME	FRANK MEYERS	
STREET ADDRESS	1605 PEBBLE BEACH BOULEVARD		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALFINGER, YVONNE HALE		NAME	LORI JORDAN HL	
STREET ADDRESS	1605 PEBBLE BEACH BOULEVARD		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ROBIN		NAME	SAME	
STREET ADDRESS	1605 PEBBLE BEACH BOULEVARD		STREET ADDRESS	SAME	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	SAME	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGYAR, SANDRA		NAME	SAME	
STREET ADDRESS	1605 PEBBLE BEACH BOULEVARD		STREET ADDRESS	SAME	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	SAME	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sandra Magyar</u>			1/18/08 904-529-1401		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		