

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008561

FILED
Mar 31, 2009
Secretary of State

Entity Name: ATLANTIC FOUNDATION OF NORTH FLORIDA INC

Current Principal Place of Business:

4540 SOUTHSIDE BLVD
SUITE #202
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BLVD
SUITE #202
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-5444196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIK, ENES
4540 SOUTHSIDE BLVD
SUITE #202
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CALIK, ENES
Address: 4540 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT () Delete
Name: TURKEL, SINAN
Address: 425 WEST TOWN PLACE SAINT AUGUSTINE
City-St-Zip: JACKSONVILLE, FL 32092

Title: T () Delete
Name: ORHAN, CELEN
Address: 9821 FAWN BROOK DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRC () Change (X) Addition
Name: AYDIN, ABDULBASIT A DIRECTR
Address: 10010 SKINNER LAKE DR #711
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDULBASIT,AKIF,AYDIN

DIRC

03/31/2009

Electronic Signature of Signing Officer or Director

Date