

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16064

FILED
Feb 07, 2006
Secretary of State

Entity Name: CONFEDERATE POINT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

ROBERT J. MORRELL
5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

5961 SWAMP FOX RD
JACKSONVILLE, FL 32210 US

Current Mailing Address:

5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

P.O. BOX 14219
JACKSONVILLE, FL 32238 US

FEI Number: 59-2734559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRELL, ROBERT J
5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HOWARD, PAUL F SR
P.O. BOX 14219
JACKSONVILLE, FL 32238 US

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: PAUL F HOWARD

02/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRELL, ROBERT J
Address: 5505 MARINERS COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: HOWARD, PAUL F
Address: 4342 VICKSBURG AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: SHERMAN, TERRI
Address: 4378 SAVANNAH AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: LOGAN, KATHRYN T
Address: 5739 FT SUMTER RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLFORD, WILLIAM M
Address: 4318 SAVANNAH AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: PARRIS, NOEL
Address: 4450 SHILOH LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: ROBINSON, SANDY
Address: 5530 SWAMP FOX RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change () Addition
Name: LYNN, LINDA A
Address: 5498 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM WOLFORD

P

02/07/2006

Electronic Signature of Signing Officer or Director

Date