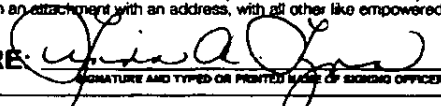


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-05-2007 90123 046 ****61.25

DOCUMENT # N16064 1. Entity Name CONFEDERATE POINT CIVIC ASSOCIATION, INC.					
Principal Place of Business 5961 SWAMP FOX RD JACKSONVILLE, FL 32210 US			Mailing Address P.O. BOX 14219 JACKSONVILLE, FL 32238 US		
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	4. FEI Number 59-2734559	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, PAUL F SR P.O. BOX 14219 JACKSONVILLE, FL 32238				7. Name and Address of New Registered Agent Name HOWARD PAUL F SR Street Address (P.O. Box Number is Not Acceptable) 4342 VICKSBURG AVENUE City JACKSONVILLE FL 32210	
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOLFORD, WILLIAM M 4318 SAVANNAH AVE. JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARRIS, NOEL 4450 SHILOH LANE JACKSONVILLE, FL 32210	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NOLTING, JAMES 5522 SWAMP FOX ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBINSON, SANDY 5530 SWAMP FOX RD JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LYNN, LINDA A 5408 MARINERS COVE DR JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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  LINDA A. LYNN 1-30-07 904608-8588					