
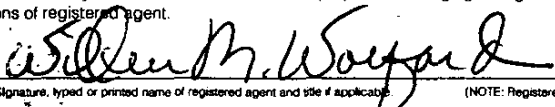
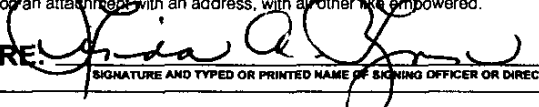


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90003 006 ****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 # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2734559	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, PAUL F SR 4342 VICKSBURG AVE. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name William M. Wolford Street Address (P.O. Box Number is Not Acceptable) 4318 Savannah Avenue City Jacksonville FL Zip Code 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  DATE 1-30-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P WOLFORD, WILLIAM M 4318 SAVANNAH AVE. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOLTING, JAMES 5522 SWAMP FOX RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, SANDY 5530 SWAMP FOX RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN, LINDA A 5498 MARINERS COVE DR JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE 1-30-08 DAYTIME PHONE # 904.608.8588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					