2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N16064

Entity Name: CONFEDERATE POINT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5961 SWAMP FOX RD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14219
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: 59-2734559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFORD, WILLIAM M
4318 SAVANNAH AVENUE
JACKSONVILLE, FL 32210 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: P ( ) Delete
Name: WOLFORD, WILLIAM M
Address: 4318 SAVANNAH AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete
Name: NOLTING, JAMES
Address: 5522 SWAMP FOX RD
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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

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: WILLIAM M. WOLFORD P 03/02/2009

Electronic Signature of Signing Officer or Director — Date