

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16064

FILED
Jan 20, 2010
Secretary of State

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
Name: WOLFORD, WILLIAM M
Address: 4318 SAVANNAH AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: SD
Name: LYNN, LINDA
Address: 5498 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD
Name: ROSIER, MICHELE L
Address: 5779 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: MICHELE L. ROSIER

TD

01/20/2010

Electronic Signature of Signing Officer or Director

Date