

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 023 ****70.00

DOCUMENT # N18415 1. Entity Name FOXBRIDGE PROFESSIONAL CENTER ASSOCIATION, INC.					
Principal Place of Business 786 BLANDING BLVD STE 118 ORANGE PARK, FL 32065 US			Mailing Address 786 BLANDING BLVD STE 118 ORANGE PARK, FL 32065 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.: City & State: Zip: Country:		3. Mailing Address Suite, Apt. #, etc.: City & State: Zip: Country:			
4. FEI Number 59-2870388				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD, STE 118 ORANGE PARK, FL 32065			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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: _____ <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	PD ABSHIRE, KYLE E <input type="checkbox"/> Delete 960 PLAINFIELD AVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAWDY, SCOTT <input type="checkbox"/> Delete 2937 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUTEL, JAMES <input type="checkbox"/> Delete 1893 STATE RD. 220 ORANGE PARK, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, ALAN <input type="checkbox"/> Delete 786 BLANDING BLVD, STE 118 ORANGE PARK, FL 32065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JAMES <input type="checkbox"/> Delete 2600 BELL SHORE COURT ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ Treasurer 2/26/08 904-298-2321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					