

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90133 026 \*\*\*\*70.00

**DOCUMENT # N19335**

1. Entity Name  
**FIRST COAST CHAPTER OF THE PLANNING AND  
ZONING ASSOCIATION, INC.**



Principal Place of Business  
**10199 SOUTHSIDE BLVD  
SUITE 103  
JACKSONVILLE, FL 32256 US**

Mailing Address  
**10199 SOUTHSIDE BLVD  
SUITE 103  
JACKSONVILLE, FL 32256 US**

**30006675**



2. Principal Place of Business  
**1301 Riverplace Blvd.**

3. Mailing Address  
**1301 Riverplace Blvd.**

Suite, Apt. #, etc.

**Suite 900**

Suite, Apt. #, etc.

**Suite 900**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2664591**

Applied For

Not Applicable

Zip **32207**

Country  
**USA**

Zip **32207**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**WALKER, ALFRED  
10199 SOUTHSIDE BLVD  
SUITE 103  
JACKSONVILLE, FL 32256**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1301 Riverplace Blvd., Suite 900**

City **Jacksonville**

**FL**

Zip Code **32207**

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

*Alfred E. Walker IV*

**Alfred E. Walker IV, Treasurer**

**March 27, 2006**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE **W** ☐ Delete  
NAME **WITTINGTON, KATHRYN**  
STREET ADDRESS **245 RIVERSIDE AVE, SUITE 400**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Delete  
NAME **LINDORFF, STEVEN**  
STREET ADDRESS **11 NORTH 3RD STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **S** ☒ Delete  
NAME **LI, WILLIAM**  
STREET ADDRESS **245 RIVERSIDE AVE, STE 400**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **P** ☒ Delete  
NAME **ALLEN, HEATHER**  
STREET ADDRESS **7220 FINANCIAL WAY, STE 400**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Delete  
NAME **NAGE, LINDSAY**  
STREET ADDRESS **4020 LEWIS SPEEDWAY**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE **TD** ☐ Delete  
NAME **WALKER, AL**  
STREET ADDRESS **10199 SOUTHSIDE BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME **Stepp, Betty Sue**  
STREET ADDRESS **4020 Lewis Speedway**  
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Ingram, Tom**  
STREET ADDRESS **245 Riverside Avenue, Suite 400**  
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Change ☐ Addition  
NAME **Haga, Lindsay**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1301 Riverplace Blvd, Suite 900**  
CITY-ST-ZIP **Jacksonville, FL 32207**

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:

*Alfred E. Walker IV*

**Alfred E. Walker IV, Treasurer**

**March 27, 2006**

**904-363-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #