
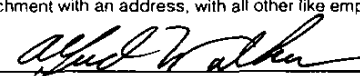


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 043 ****70.00

DOCUMENT # N19335 1. Entity Name FIRST COAST CHAPTER OF THE PLANNING AND ZONING ASSOCIATION, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD SUITE 900 JACKSONVILLE, FL 32207 US			Mailing Address 1301 RIVERPLACE BLVD SUITE 900 JACKSONVILLE, FL 32207 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			
05162007 Chg-NP CR2E037 (12/06)		4. FEI Number 59-2664591		<input type="checkbox"/> 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 WALKER, ALFRED 1301 RIVERPLACE BLVD SUITE 900 JACKSONVILLE, FL 32207			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 _____ <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 September 14, 2007		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	D WITTINGTON, KATHRYN 245 RIVERSIDE AVE, SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDORFF, STEVEN 11 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shelton, Mark 1650 Prudential Dr. Suite 400 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPP, BETTY-SUE 4020 LEWIS SPEEDWAY SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blinn, Joy 7406 fullerton St. Ste. 350 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGRAM, TOM 245 RIVERSIDE AVE., SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ingram, Tom 245 Riverside Ave, Suite 400 Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGA, LINDSAY 4020 LEWIS SPEEDWAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Haga, Lindsay 4020 Lewis Speedway Saint Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, AL 1301 RIVERPLACE BLVD., SUITE 900 JACKSONVILLE, FL 32207	<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: 			Alfred Walker		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5-15-2007 904-363-1110 x12003		