


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34932</b> 1. Entity Name <b>GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.</b>	
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Principal Place of Business <b>428 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>	Mailing Address <b>428 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2955403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DUVAL, STEPHEN J  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVAL, STEPHEN J 500 MYRTLE AVE GREEN COVE SPRGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUVAL, SHIRLEY E 500 MYRTLE AVE GREEN COVE SPRGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUVAL, CARY V 500 MYRTLE AVE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/16/08-80035-015 61.25

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_