

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45495

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE FASHION GROUP INTERNATIONAL OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1967 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

426 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1967 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

426 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080

FEI Number: 59-2923945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIRD, JACQUELINE E
503 22ND STREET
ST. AUGUSTINE, FL 32084 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: PD () Delete
Name: CARR, MAROULLA
Address: 11825 CATRAKEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: CARR, JAMES
Address: 11825 CATRAKEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: BAIRD, JACQUELINE
Address: 503 22ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAHTI, SUSAN
Address: 426 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32082

Title: TD (X) Change () Addition
Name: FOWLER, LOVELLA
Address: 427 MONTVILLE COURT
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE BAIRD

SD

04/25/2006

Electronic Signature of Signing Officer or Director

Date