

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45495

FILED  
Jan 17, 2007  
Secretary of State

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

**Current Principal Place of Business:**

426 MARSH POINT CIRCLE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

11111-70 SAN JOSE BLVD.  
#315  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

426 MARSH POINT CIRCLE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

11111-70 SAN JOSE BLVD.  
#315  
JACKSONVILLE, FL 32223

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:**

ALFORD, SANDRA R  
11111-70 SAN JOSE BL. #315  
#315  
JACKSONVILLE, FL 32223 US

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: SANDRA ALFORD

01/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: ALFORD, SANDRA  
Address: 11111-70 SAN JOSE BLVD. SUITE 315  
City-St-Zip: JACKSONVILLE, FL 32223

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: SANDRA ALFORD

TD

01/17/2007

Electronic Signature of Signing Officer or Director

Date