## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49230

City-St-Zip:

JACKSONVILLE, FL 32205

FILED Jan 05, 2007 Secretary of State

Entity Nar	ne: ST. NICH	DLAS PLACE, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	JMACHER AVI VILLE, FL 3220						
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
1050 N DA JACKSON	VIS STREET VILLE, FL 3220	09	1050 N DA	ATTN: JOYCE GIBSON 1050 N DAVIS STREET JACKSONVILLE, FL 32209			
FEI Number:	59-3246293	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Des	sired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1050 N DA	ER, JAMES P VIS STREET VILLE, FL 3220	09 US					
The above in the State		ubmits this statement for the	purpose of changing i	ts registered o	office or registered age	nt, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent			ent	Date			
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () DEFOOR, DAN 929 BROOKMOI JACKSONVILLE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	JOHNSON, DEB	GABLE COURT WEST	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () KIRBY, LISA 2418 SCHUMAC JACKSONVILLE		Title: Name: Address: City-St-Zip:	D (X WITTENSTEIN 1050 N DAVIS JACKSONVILL	STREET		
Title: Name: Address:	D () MORAN, BERNA 3312 ST JOHNS		Title: Name: Address:	(	) Change ( ) Addition		

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.

City-St-Zip:

SIGNATURE: DEBBIE JOHNSON D 01/05/2007