2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# N93000000999

Entity Name: FOXCHASE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

815 WICKLOW CT.
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

815 WICKLOW CT.
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-3148672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRABTREE & FALLAR, P. A.
8375 DIV ELLIS TRAIL
STE 401
JACKSONVILLE, FL 32256 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: CRAIG, LUCINDA
Address: 815 WICKLOW COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: SD ( ) Delete
Name: YEDZITZIS, OLLISON
Address: 2662 TRAMORE
City-St-Zip: ORANGE PARK, FL 32065

Title: TD (X) Delete
Name: NORMAN, COREY
Address: 2787 NEWCASTLE DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD ( ) Delete
Name: AUGUSTA, KEITH
Address: 2649 TRAMORE
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: YEDZITZIS, ALLISON
Address: 2662 TRAMORE
City-St-Zip: ORANGE PARK, FL 32065

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

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 Section 119.07(3)(i), 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: LUCINDA CRAIG PD 04/08/2005

Electronic Signature of Signing Officer or Director Date