

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003530

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ABC VENTURES-PORT ST. JOHN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1701 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

1701 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 65-0492720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, R. PAUL  
1701 N. ATLANTIC AVE  
COCOA BEACH, FL 32931 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: D ( ) Delete  
Name: JOHNSON, R. PAUL  
Address: 1701 N. ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: TUCKER, ROBERT  
Address: 1701 N. ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Delete  
Name: PERDOCK, KELLY  
Address: 1701 N. ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL 32931

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

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

Title: D (X) Change ( ) Addition  
Name: PERDOCK, KELLY  
Address: 1701 N. ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

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

I hereby certify that the information supplied with this filing does not qualify 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: KELLY PERDOCK

D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date