


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N9500000326T
 1. Entity Name
PABLO RENEWAL IN DUVAL EAST CORPORATION



Principal Place of Business Mailing Address
 COMMUNITY ASSISTED POLICING PO BOX 50572
 740 SOUTH 4TH AVENUE JACKSONVILLE BEACH, FL 32250
 JACKSONVILLE BEACH, FL 32250

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04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3332908 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BLUE, CLIFFORD
 101 SO. PENMAN ROAD
 JACKSONVILLE BEACH, FL 32250

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLOWAY, MARJORIE T 824 FIRST AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRELL, MAXINE 204 9TH ST S JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, LEWIS 6266 BARRY DR WEST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM FURLONG, BENNIE 1820 TANGLEWOOD RD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, JESSIE 623 5TH AVE SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMSEY, BOBBIE 811 LINCOLN CT JACKSONVILLE BEACH, FL 32250

UD00000549077
 05/13/06-80006-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maxine Terrell* Date: 4/26/06 Daytime Phone #: (904) 910-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR