


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004682</b>	
1. Entity Name <b>PABLO POINT CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>PPCA 71 SAN PABLO RD. N JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>PPCA 71 SAN PABLO RD. N JACKSONVILLE, FL 32225 US</b>
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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>04-3610491</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BROWN, KATHY  
365 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225**

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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 Kathleen S. Brown Kathleen S. Brown 5/21/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000952304 06/04/08-80074-012 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HAIRSTON, PATRICIA PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, VALERIE PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOUNT, EVELYN PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, KATHY PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLOTTI, MARY PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROADWAY, SARAH PPCA, 71 SAN PABLO RD. N JACKSONVILLE, FL 32225

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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: Kathleen S. Brown Treasurer 5/22/08 904 2249104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathleen S. Brown