2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N96000004682

Entity Name: PABLO POINT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PPCA
71 SAN PABLO RD. N
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

PPCA
71 SAN PABLO RD. N
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 04-3610491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, KATHY
365 PABLO POINT DRIVE
JACKSONVILLE, FL 32225 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: CPD ( ) Delete
Name: HAIRSTON, PATRICIA
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: BRITT, VALERIE
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: BLOUNT, EVELYN
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: BROWN, KATHY
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete
Name: BILLOTTI, MARY
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225

Title: DVP ( ) Delete
Name: BROADWAY, SARAH
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: BROWN, KATHY
Address: PPCA, 71 SAN PABLO RD. N
City-St-Zip: JACKSONVILLE, FL 32225 US

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 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: KATHY BROWN D 04/21/2009
Electronic Signature of Signing Officer or Director — Date