

4-14-98 B-4676-C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003573 (9)**

1. Corporation Name

FACING EAST, INC.



Principal Place of Business 631 TARPON AVE. #6393 FERNANDINA BEACH FL 32034-2105	Mailing Address 631 TARPON AVE. #6393 FERNANDINA BEACH FL 32034-2105
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
06/20/1997

4. FEI Number
59-3452621

Applied For
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent VAN WAGNER, NATALIE A 631 TARPON AVE. #6393 FERNANDINA BEACH FL 32034-2105
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP FOURNIER, JOHN E
STREET ADDRESS	996 CITRONA DR. #2204
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE
NAME	DV SOUTHWELL, MARLA D
STREET ADDRESS	5075 SABAL PALM RD. #3
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE
NAME	DT VAN WAGNER, SCOTT A
STREET ADDRESS	631 TARPON AVE. #6393
CITY-ST-ZIP	FERNANDINA BEACH FL 32034-2105
TITLE	<input type="checkbox"/> DELETE
NAME	DS VAN WAGNER, NATALIE A
STREET ADDRESS	631 TARPON AVE. #6393
CITY-ST-ZIP	FERNANDINA BEACH FL 32034-2105
TITLE	<input type="checkbox"/> DELETE
NAME	D RUSHING, RONALD D
STREET ADDRESS	4456 ROCKY RIVER RD. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DV Fournier, John E.
1.3 STREET ADDRESS	996 Citrona Dr. #2204
1.4 CITY-ST-ZIP	Fernandina Beach FL 32034
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DT Southwell, Marla D.
2.3 STREET ADDRESS	5075 Sabal Palm Rd. #3
2.4 CITY-ST-ZIP	Fernandina Beach FL 32034
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D VanWagner, Scott A
3.3 STREET ADDRESS	631 Tarpon Ave #6393
3.4 CITY-ST-ZIP	Fernandina Beach FL 32034
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DP Herbert B. Smith
6.3 STREET ADDRESS	209 S. 3rd St.
6.4 CITY-ST-ZIP	Fernandina Beach FL 32034

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Herbert B. Smith, President** 1/24/98 261-2208

CR2E037 (10/97)