


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90119 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003838					
1. Corporation Name MAYPORT LIGHTHOUSE ASSOCIATION, INC.					
Principal Place of Business 1200 BORAD STREET MAYPORT FL 32233			Mailing Address 1200 BORAD STREET MAYPORT FL 32233		



2. Principal Place of Business 21 1200 BROAD ST		2a. Mailing Address 26 PO Box 35		3. Date Incorporated or Qualified 07/03/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3466177	
City & State 23		City & State 28 MAYPORT FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Zip 29 32233		Country 30	

9. Name and Address of Current Registered Agent LILISKIS, ANDREW M 12084 HOUSTON AVENUE JACKSONVILLE FL 32226				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLEVE, SARAH V			1.2 NAME	LILISKIS, ANDREW		
STREET ADDRESS	3500 RICHMOND STREET			1.3 STREET ADDRESS	12084 HOUSTON AVE.		
CITY-ST-ZIP	JACKSONVILLE FL 32205			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCEACHIN, JOEL			2.2 NAME	LUNT, DAWN		
STREET ADDRESS	2117 ERNEST ST			2.3 STREET ADDRESS	204 W. LAWRENCE LN		
CITY-ST-ZIP	JACKSONVILLE FL 32204			2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWELL, TYLER			3.2 NAME			
STREET ADDRESS	1412 PALMER STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAYPORT FL 32233			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, DAVE			4.2 NAME	FISHER, DAVE		
STREET ADDRESS	4636 RIBAUT PARK DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MAYPORT FL 32233			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, ALEX			5.2 NAME			
STREET ADDRESS	1305 PALMER ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAYPORT FL 32233			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (904) 277-0009
Date Daytime Phone #

CR2E037 (1/98)