

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003838	
1. Entity Name MAYPORT LIGHTHOUSE ASSOCIATION, INC.	
Principal Place of Business 4453 OCEAN STREET MAYPORT, FL 32233 US	Mailing Address 4453 OCEAN STREET MAYPORT, FL 32233 US



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3466177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OAKES, LOWELL E 5614 LA MOYA AVE JACKSONVILLE, FL 32210
--

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P SCHIEBLER, RONALD 1040 TULIP STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKES, LOWELL 5614 LA MOYA AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNOX, CHARLES PO BOX 37 WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESERVE, JOHN 2126 BEACH STREET MAYPORT, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWELL, TYLER 1412 PALMER STREET MAYPORT, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, MADLYNNE 1469 BEGONIA STREET ATLANTIC BEACH, FL 32233

000000235385
02/19/05-80001-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Ronald B. Schiebler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

Date

904
241-2498

Daytime Phone #