

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
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**



04162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3466177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNOX, CHARLES W
561 SW WHITEFALL CIR
LAKE CITY, FL 32024**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MESERVE, JOHN
STREET ADDRESS	2126 BENCH ST
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	V
NAME	OAKES, BEVERLY
STREET ADDRESS	5614 LA MOYA AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	TROTTER, WILLIAM
STREET ADDRESS	1600 SHETTER AVE APT 213
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	GREENWELL, TYLER
STREET ADDRESS	1412 PALMER STREET
CITY-ST-ZIP	MAYPORT, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000718127
05/01/07-800003-011 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Knox, Secretary/Treasurer

Date

Daytime Phone #