


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 044 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 561 SW Whitetail Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake City, FL 32024		4. FEI Number 59-3466177	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
Zip		Country		09092008 Chg-NP CR2E037 (12/06)	
Zip		Country		32024 Columbia	
6. Name and Address of Current Registered Agent KNOX, CHARLES W 561 SW WHITEFAIL CIR LAKE CITY, FL 32024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MESERVE, JOHN 2126 BENCH ST ATLANTIC BEACH, FL 32233		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
V OAKES, BEVERLY 5614 LA MOYA AVE JACKSONVILLE, FL 32210		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D TROTTER, WILLIAM 1600 SHETTER AVE APT 213 JACKSONVILLE BEACH, FL 32250		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D GREENWELL, TYLER 1412 PALMER STREET MAYPORT, FL 32233		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____		9/9/2008		386 961 9031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	