

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003838

FILED
Jan 26, 2009
Secretary of State

Entity Name: MAYPORT LIGHTHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

4453 OCEAN STREET
MAYPORT, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

561 SW WHITETAIL CIRCLE
LAKE CITY, FL 32024 US

New Mailing Address:

FEI Number: 59-3466177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, CHARLES W
561 SW WHITEFAIL CIR
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MESERVE, JOHN
Address: 2126 BENCH ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: V () Delete
Name: OAKES, BEVERLY
Address: 5614 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: TROTTER, WILLIAM
Address: 1600 SHETTER AVE APT 213
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: GREENWELL, TYLER
Address: 1412 PALMER STREET
City-St-Zip: MAYPORT, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. KNOX

S/T

01/26/2009

Electronic Signature of Signing Officer or Director

Date