

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003316

FILED  
Mar 21, 2006  
Secretary of State

**Entity Name:** MAYPORT VILLAGE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1433 FERRIS STREET  
MAYPORT, FL 322332409

**New Principal Place of Business:**

1347 PALMER STREET  
MAYPORT, FL 322332409

**Current Mailing Address:**

1433 FERRIS STREET  
MAYPORT, FL 322332409

**New Mailing Address:**

**FEI Number:** 59-3087177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, N K  
1433 FERRIS STREET  
MAYPORT, FL 32233      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: PD      ( ) Delete  
Name: CARNEY, CHARLES T  
Address: 1331 BROAD STREET  
City-St-Zip: MAYPORT, FL 32233

Title: VD      ( ) Delete  
Name: NEWELL, M A  
Address: 1305 PALMER STREET  
City-St-Zip: MAYPORT, FL 32233

Title: TD      ( ) Delete  
Name: SMITH, N. KATHLEEN K  
Address: 1433 FERRIS STREET  
City-St-Zip: MAYPORT, FL 32233

Title: SD      ( ) Delete  
Name: STRICKLAND, JANICE  
Address: 1441 PALMER ST  
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 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 T. CARNEY

PD

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date