


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N990000002681	
1. Entity Name	
THE PARKS & RECREATION FOUNDATION OF NORTHEAST ST. JOHNS COUNTY, INC.	

Principal Place of Business	Mailing Address
POST OFFICE BOX 2053 PONTE VEDRA BEACH FL 32004	POST OFFICE BOX 2053 PONTE VEDRA BEACH FL 32004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-3575685	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOTOLAW, INC. 50 N. LAURA STREET SUITE 2750 JACKSONVILLE FL 32202		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) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHNKE, MARY	NAME	
STREET ADDRESS	P.O. BOX 1213	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	CITY-ST-ZIP	02/16/05-80065-006 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PAUL Z	NAME	
STREET ADDRESS	P.O. BOX 1219	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, R H	NAME	
STREET ADDRESS	BOX 1818	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32004	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'STEEN, BETTY JEAN	NAME	
STREET ADDRESS	BOX 2053	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAULEY, CENTRA	NAME	
STREET ADDRESS	BOX 2053	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Robert H. Stevens** 2/14/05 904285-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #