

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002681

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: THE PARKS & RECREATION FOUNDATION OF NORTHEAST ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 2053  
PONTE VEDRA BEACH, FL 32004

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2053  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number: 59-3575685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOTOLAW, INC.  
50 N. LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 US

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

MOTOLAW, INC.  
50 N. LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 US

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

04/12/2006

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOHNKE, MARY  
Address: P.O. BOX 1213  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete  
Name: FLETCHER, PAUL Z  
Address: P.O. BOX 1219  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete  
Name: STEVENS, R H  
Address: BOX 1818  
City-St-Zip: PONTE VERDRE, FL 32004

Title: S ( ) Delete  
Name: O'STEEN, BETTY JEAN  
Address: BOX 2053  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VPD ( ) Delete  
Name: MCGAULEY, CENTRA  
Address: BOX 2053  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: STEVENS, ROBERT H  
Address: P. O. BOX 1818  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

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: ROBERT R. STEVENS

Electronic Signature of Signing Officer or Director

D

04/12/2006

Date