

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90017 016 ***158.75

DOCUMENT # P03000052818

1. Entity Name
CHARITY PLACE, INC.



Principal Place of Business
**6470 SW 80 AVE
TRENTON, FL 32693**

Mailing Address
**6470 SW 80 AVE
TRENTON, FL 32693**

00052813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142005

Chg-P

CR2E034 (10/03)

4. FEI Number
33-1054383

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ARNOLD H
6480 SW 80 AVE
TRENTON, FL 32693**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JACKSON, ARNOLD H**
STREET ADDRESS **2404 LEAFDALE CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **D** ☐ Delete
NAME **BETZ-JACKSON, GELEMA**
STREET ADDRESS **2404 LEAFDALE CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **JACKSON, ARNOLD H**
STREET ADDRESS **6480 SW 80th AVE**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** ☒ Change ☐ Addition
NAME **BETZ-JACKSON, GELEMA**
STREET ADDRESS **6480 SW 80th AVE**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

Gelema Betz-Jackson **GELEMA BETZ-JACKSON**

Date

5/14/05

Daytime Phone #

352 463-0700