

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000026159

1. Entity Name
ISLAND CENTER OF CRESCENT BEACH INC.



Principal Place of Business
6279 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Mailing Address
3520 NW 43RD STREET
GAINESVILLE, FL 32606 US



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2346622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GODDARD, CAROLYN
3520 NW 43RD STREET
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

U000000343511
06/03/08 80031 003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	VP
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Date

Daytime Phone #