# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 01, 2004**
**Secretary of State**

DOCUMENT# P96000027395

**Entity Name:** FORT CAROLINE GARDENS, INC.

**Current Principal Place of Business:**

9150 FT CAROLINE RD
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

9150 FT CAROLINE RD
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number: 59-3368612** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROBINSON, MARY
1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE, FL 32202 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GRAHAM, ALCIRA E
Address: 3610 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: CANO, DANIEL
Address: 3610 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete
Name: CARPENTER, ALEXANDRA
Address: 10010 SKINNER LAKE DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: CANO, LUIS F
Address: 3317 PLUM STREET
City-St-Zip: JACKSONVILLE, FL 32205

**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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALCIRA GRAHAM P 11/01/2004

Electronic Signature of Signing Officer or Director Date