

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000002544

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC9279612756**

**Entity Name:** CHRISTINE FAYE GOOLSBY-TOLBERT PA

**Current Principal Place of Business:**

9700 RESERVE BLVD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

5807 NW DOOLEY CIR  
PORT ST. LUCIE, FL 34985

**FEI Number:** 47-1840704

**Certificate of Status Desired:** No

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

GOOLSBY-TOLBERT, CHRISTINE FAYE  
9700 RESERVE BLVD  
PORT SAINT LUCIE, FL 34986 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

Date

**Officer/Director Detail :**

Title P  
Name GOOLSBY-TOLBERT, CHRISTINE FAYE  
Address 5807 NW DOOLEY CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP  
Name TOLBERT, KEVIN B  
Address 5807 NW DOOLEY CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTINE FAYE GOOLSBY-TOLBERT

**PRESIDENT**

**02/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date