

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739177 (4)**
1. Corporation Name
BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.



Principal Place of Business: **19029 WATERVILLE ROAD JACKSONVILLE FL 32226**
Mailing Address: **19029 WATERVILLE ROAD JACKSONVILLE FL 32226**

3. Date Incorporated or Qualified: **05/27/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2104167**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**BRAY, JENELLE H.
19029 WATERVILLE ROAD
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, WILLIAM A.	
STREET ADDRESS	15979 SAWPIT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KING, WILDA	
STREET ADDRESS	15979 SAWPIT RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRAY, JENELLE H	
STREET ADDRESS	19029 WATERVILLE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ODOM, GEORGE	
STREET ADDRESS	16045 SHELLCRACKER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARY	
STREET ADDRESS	15561 FLOUNDER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODGERS, CHARLES V.	
STREET ADDRESS	16291 FRANDERSON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GROVER, DARBY	
13 STREET ADDRESS	16109 SHELLCRACKER RD.	
14 CITY-ST-ZIP	JACKSONVILLE, FL. 32226	
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CASNER, MICHAEL	
23 STREET ADDRESS	16211 WATERVILLE RD.	
24 CITY-ST-ZIP	JACKSONVILLE, FL. 32226	
31 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BRAY, JENELLE H.	
33 STREET ADDRESS	19029 WATERVILLE RD.	
34 CITY-ST-ZIP	JACKSONVILLE, FL. 32226	
41 TITLE	100001889511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-07/10/96--01042--011	
43 STREET ADDRESS	***61.25	
44 CITY-ST-ZIP		
51 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THOMPSON, MARY	
53 STREET ADDRESS	15561 FLOUNDER RD.	
54 CITY-ST-ZIP	JACKSONVILLE, FL. 32226	
61 TITLE	200001889512	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-07/10/96--01042--012	
63 STREET ADDRESS	***8.75	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Thompson Date: 6/30/96 Daytime Phone #: 904-783-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)