

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:25

DOCUMENT # 745396 (2)
1. Corporation Name
SOUTHSIDE BUSINESS MEN'S CLUB CHARITIES, INC.

Principal Place of Business Mailing Address
368 TIDEWATER DRIVE 368 TIDEWATER DRIVE
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1978 3a. Date of Last Report 02/18/1994
4. FEI Number 59-1870364 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SMITH, PAULINE W.
368 TIDEWATER DR.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE T
NAME PAOLINO, CPA J R
STREET ADDRESS 33 S HOGAN ST
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME BOCK, BRIAN E.
STREET ADDRESS 3471 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE S
NAME SMITH, PAULINE W.
STREET ADDRESS 368 TIDEWATER DR.
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME RICHARD CAMPBELL
STREET ADDRESS 1639 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME BUSHOR, GENE
STREET ADDRESS 5525 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME TYRONE P. TOWNSEND
6.3 STREET ADDRESS 10450 SAN JOSE BLVD.
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

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 110.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John R. Paolino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN R. PAOLINO

Jan 23, 1995

904-262-9798