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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32211-7226

3. Date Incorporated or Qualified 12/28/1978 3a. Date of Last Report 02/22/1996

|                                |                     |  |                                |
|--------------------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number  | Applied For                    |
| 21                             | 26                  | 59-1870364   | Not Applicable                 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 22                             | 27                  |  |                                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 23                             | 28                  |  |                                |
| Zip                            | Country             | 29   | 30                             |
| 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   |
| 85 | 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) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|------------------------|---|-------------------------|
| TITLE                      | T                      | 1.1 TITLE   |                         |
| NAME                       | GARRARD, AJY JAY       | 1.2 NAME  | Randy T. Scott P        |
| STREET ADDRESS             | 3828 ST AUGUSTINE ROAD | 1.3 STREET ADDRESS                                    | 8453 Lynda Sue Lane, W. |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 1.4 CITY-ST-ZIP                                       | Jacksonville, FL 32217  |
| TITLE                      | D                      | 2.1 TITLE   |                         |
| NAME                       | TOWNSEND, TYRONE P     | 2.2 NAME  | Mark Wilkinson D        |
| STREET ADDRESS             | 10450 SAN JOSE BLVD    | 2.3 STREET ADDRESS                                    | 4929 Atlantic Boulevard |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 2.4 CITY-ST-ZIP                                       | Jacksonville, FL 32207  |
| TITLE                      | S                      | 3.1 TITLE   |                         |
| NAME                       | SMITH, PAULINE W.      | 3.2 NAME  |                         |
| STREET ADDRESS             | 368 TIDEWATER DR.      | 3.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 3.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | D                      | 4.1 TITLE   |                         |
| NAME                       | RICHARD CAMPBELL       | 4.2 NAME  |                         |
| STREET ADDRESS             | 1639 SOUTHSIDE BLVD    | 4.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 4.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | D                      | 5.1 TITLE   |                         |
| NAME                       | STONE, FRANK H.        | 5.2 NAME  |                         |
| STREET ADDRESS             | 4148 HERSCHEL STREET   | 5.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 5.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | D                      | 6.1 TITLE   |                         |
| NAME                       | WILKINSON, MARL A.     | 6.2 NAME  |                         |
| STREET ADDRESS             | 4929 ATLANTIC BLVD     | 6.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 6.4 CITY-ST-ZIP                                       |                         |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pauline W. Smith, Secy.* 1-8-97 904-725-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005502

CR2E037 (9/96)