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CORPORATION ANNUAL REPORT **1995**

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

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TALLAHASSEE, FLORIDA

DOCUMENT # **N12277** **(2)**

1. Corporate Name
**THE JACKSONVILLE CHAPTER OF ACRE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 590 OCEAN BLVD<br>ATLANTIC BCH FL 32233<br>US | 590 OCEAN BLVD<br>ATLANTIC BCH FL 32233<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/26/1985**
3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-2635848** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc: 22 **1238 TIBER AVENUE**
City & State: 23 **JACKSONVILLE, FL**
Zip: 24 **32207** Country: 25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc: 27 **P.O. BOX 47123**
City & State: 28 **JACKSONVILLE, FL**
Zip: 29 **32247** Country: 30 **US**

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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FULLER, ROBERT H.
590 OCEAN BLVD.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: **TIMOTHY R. WELLS**
82 Street Address (P.O. Box Number is Not Acceptable): **1238 TIBER AVENUE**
83
84 City: **JACKSONVILLE** **FL** 85 Zip Code: **32207**

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: **TIMOTHY R. WELLS, TREASURER** (Signature of New Registered Agent, if changed) **Timothy R. Wells** (Name of New Registered Agent, if changed) **4/25/95** (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS | |
|---|---|---|---|
| TITLE | PCD | TITLE | PCD ☒ Change ☐ Addition |
| NAME | RACH, RAY | NAME | CURTIS NEWBERG |
| STREET ADDRESS | 4110 CUMBRIAN GARDEN LN | STREET ADDRESS | 483 CREIGHTON ROAD |
| CITY ST ZIP | JACKSONVILLE FL | CITY ST ZIP | ORANGE PARK, FL 32067 |
| TITLE | TD | TITLE | ☐ Change ☐ Addition |
| NAME | WELLS, TIM | NAME | |
| STREET ADDRESS | 1238 TIBER AVE. | STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | CITY ST ZIP | |
| TITLE | SD | TITLE | ☐ Change ☐ Addition |
| NAME | MCKINLAY, LOUISE | NAME | |
| STREET ADDRESS | 6127 SHAKESPEARE DR. | STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | CITY ST ZIP | |
| TITLE | VD | TITLE | VD ☒ Change ☐ Addition |
| NAME | FAUSNER, CRAIG | NAME | DEANE LEIDHOLT |
| STREET ADDRESS | 2795 ADMIRALS WALK DR W | STREET ADDRESS | 3125 NAUTILUS ROAD |
| CITY ST ZIP | ORANGE PARK FL | CITY ST ZIP | MIDDLEBURG, FL 32068-6608 |
| TITLE | D | TITLE | ☒ Change ☐ Addition |
| NAME | BRANTLEY, W. E III | NAME | |
| STREET ADDRESS | 4211 STACEY RD W | STREET ADDRESS | – NONE – |
| CITY ST ZIP | JACKSONVILLE FL | CITY ST ZIP | |
| TITLE | D | TITLE | ☒ Change ☐ Addition |
| NAME | RAYNOW, RICHARD | NAME | |
| STREET ADDRESS | 1053 BAY CIRCLE S | STREET ADDRESS | – NONE – |
| CITY ST ZIP | JACKSONVILLE FL | 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)(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 added on an attachment with an indication

SIGNATURE: **Timothy R. Wells** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **TIMOTHY R. WELLS** **4/25/95** (Date) **904-599-1200** (Daytime Phone)

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