

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 # N12277 (2)

1. Corporation Name

THE JACKSONVILLE CHAPTER OF ACRE, INC.



Principal Place of Business

Mailing Address

~~590 OCEAN BLVD~~
1238 TIBER AVENUE
JACKSONVILLE FL 32207
US

~~590 OCEAN BLVD~~
P.O. BOX 47123
JACKSONVILLE FL 32247
US

3. Date Incorporated or Qualified
11/26/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1238 TIBER AVENUE**

26 **P.O. Box 47123**

4. FEI Number
59-2635848

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **90 T.R. WELLS**

27 **90 T.R. WELLS**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32207**

25 **U.S.A.**

29 **32247-7123**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, TIMOTHY R
1238 TIBER AVENUE
JACKSONVILLE FL 32207**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☒ DELETE
NAME **NEWBERG, CURTIS**
STREET ADDRESS **483 CREIGHTON ROAD**
CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **ROBERT CLARK**
1.3 STREET ADDRESS **P.O. Box 8505** "N/A"
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32239-0505**

TITLE **TD** ☐ DELETE
NAME **WELLS, TIM**
STREET ADDRESS **1238 TIBER AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MCKINLAY, LOUISE**
STREET ADDRESS **6127 SHAKESPEARE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LEIDHOLT, DEANE**
STREET ADDRESS **3125 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Timothy R. Wells, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

904-399-1200
Daytime Phone #

CR2E037 (12/95)