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May 15 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 # **N12277** **(2)**

1. Corporation Name

THE JACKSONVILLE CHAPTER OF ACRE, INC.

Principal Place of Business	Mailing Address
C/O T.R. WELLS 1238 TIBER AVENUE JACKSONVILLE FL 32207 US	580 OCEAN BLVD C/O T.R. WELLS JACKSONVILLE FL 32233-5340 US

3. Date Incorporated or Qualified: 11/26/1985
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 3535 Whalers Way
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32257
25 Country: USA

2a. Mailing Address
26 Holiday Inn Old St. Augustine Rd
27 Suite 173
28 City & State: Jacksonville, FL
29 Zip: 32257
30 Country: USA

4. FEI Number: 59-2635848 ☐ 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

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

9. Name and Address of Current Registered Agent

WELLS, TIMOTHY R
1238 TIBER AVENUE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Peter J Orlando
82 Street Address (P.O. Box Number is Not Acceptable)
83 3535 Whalers Way
84 City: Jacksonville FL 85 Zip Code: 32257

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: Peter J Orlando — 4/25/97
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	VD	☑ DELETE	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	CLARK, ROBERT		1.2 NAME	FREDRICK B. WHEAT, JR	
STREET ADDRESS	P.O. BOX 8505 N/A		1.3 STREET ADDRESS	161 MARTINQUE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	PONTE VEDRE BEACH FL 32082	
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	WELLS, TIM		2.2 NAME	Orlando, Pete	
STREET ADDRESS	1238 TIBER AVE.		2.3 STREET ADDRESS	3535 Whalers Way	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKINLAY, LOUISE		3.2 NAME		
STREET ADDRESS	6127 SHAKESPEARE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	LEIDHOLT, DEANE		4.2 NAME		
STREET ADDRESS	3125 NAUTILUS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Peter J Orlando SIGNATURE REQUIRED — 4/25/97 — 904-886-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0006193