FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT #

N12277

(2)

THE JACKSONVILLE CHAPTER OF ACRE, INC.

FILED May 12 1998 8:00am Secretary of State

THE OF	ONO ONTILL OF THE TEN	n none, mo.			
Principal Place	of Business	Mailing Address		T TOURISH DON HOUR HOUR HOUR HOUR TOOM TOOM SEAL OLD HOUR DEATH OF BY DEETH FOOL	ı
3535 WHALERS WAY JACKSONVILLE FL 32257 US		11018-113 OLD \$T AUGUSTINE RD SUITE 173 JACKSONVILLE FL 32257 US		3. Date Incorporated or Qualified 11/26/1985 4. FEI Number Applied For 59-2635848 Not Applica	
-	ace of Business	28. Mailing Address 26 14185 Beach Bl)	5. Certificate of Status Desired Section Fee Regulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be	
City & State)	City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	_
23	Callatin	28 Jacksonville	Country	☐ Yes No	
Zip 24	Country 26	29 30\$50 3	10 COUNTY U 54	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes You	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
81 Name					
ORLANDO, PETER J 3535 WHALERS WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	NVILLE FL 32257		83		
			84 City	FL 85 Zip Code	
11. Pursuent I	o the provisions of Sections 617.05	02 and 617.1508. Florida Statutes	s, the above-named o		ed
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 familiarly with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	To LON			<i>X(2)</i> (1.)	_
	Signature, typed printed name of registered as	pent and little if applicable. (NOTE: ND DIRECTORS	Registered Agent algorature in 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	VD OFFICERS AI	DELETE	1.1 TOLE	President Director Change Change	tion
NAME	WHEAT, FREDRICK E JR	_ D011/4	1.2 NAME	A Literature S	
STREET ADDRESS	161 MARTINQUE CIR		1.3 STREET ADDRESS	Pu Box sene (NIA)	
CITY-ST-ZIP	PONTE VEDRE BEACH FL		1.4 CITY+ST-ZIP	Jacksonilly, PC 32239	
TITLE	TD	DELETE	2.1 TITLE	Transver Director Ghange Add	tion
NAME	ORLANDO, PETE	-	2.2 NAME	Pete Orlando	1
STREET ADDRESS	3535 WHALERS WAY		2.3 STREET ADDRESS	11018-113 013 st. Augustin 100 -173	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 City-ST-ZIP	Jacksonnik FL 32057	
TITLE	SD	DELETE	3.1 TITLE	11 a Done 1 D' Co Ave D'Thoma Addi	tion
NAME	MCKINLAY, LOUISE		3.2 NAME	Louise McKinling 607 Shakespene Prive	
STREET ADDRESS	6127 SHAKESPEARE DR.		3.3 STREET ADDRESS	6127 Shakespena price	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	JACKSONVILL, FL 32244	
TATLE	PD	DELETE	4.1 TITLE	Secretary Director Change Budding Change Trade	tion
NAME	LEIDHOLT, DEANE		4. 2 NAME	William Shith Twien circle	
STREET ADDRESS	3125 NAUTILUS ROAD		4.3 STREET ADDRESS	The State of the S	
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY - ST - ZIP	Jacksonalk, Pk 32244	<u> </u>
TITLE		DELETE	5.1 TITLE	Change L Addi	(ION
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	Change Addi	itine
TITLE			6.1 TITLE 6.2 NAME		
NAME CTREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CiTY-ST-ZIP		
14. Thereby o	certify that the information supplied	with this filing does not qualify for	the everyption states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informati	ion
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.					

3/17/42

904-223-9331