

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N50532**

Country

1. Corporation Name

COMMUNITY NUTCRACKER, INC.

Principal Place of Business 1621 CAMDEN AVENUE JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

Mailing Address

1273 KING ST. JACKSONVILLE FL 32204

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90008 018 ****61.25

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

08/21/1992

59-3135782

4. FEI Number

| 24 | 25 | 29 | 30 | | | Trust Fund Contribution_ | | Added to | Fees | |
|---|---|---|---------------------|-------------------------|---------------|--|---------------------|------------------|--------------|--|
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | · | 81 | Name | | | | | |
| ICTED 1 | MILLIAM LL IÓ | | | 82 | Stroot | Address (P.O. Box Number is Not Ad | centable) | | - | |
| | WILLIAM H JR | | | 02 | Street | Address (P.O. Box Number is Not Ac | жергаме) | | | |
| | irtley road | | | 83 | | | | | | |
| SUITE 2 | * - | | | | | | | | | |
| JACKSC | INVILLE FL 32257 | | | 84 | City | | FL | 85 Zip C | ode | |
| 11 0 | -A to the availations of C | Continue 617 0502 and 617 1508 E | lorida Statutas th | e above | -named | corporation submits this statement for | or the purpose of | changing its i | egistered | |
| 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 Storature based or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | | |
| 12. | Signature, typed or printed in | of registered agent and title if applicable. OFFICERS AND DIRECTORS | , , , , , , , | 3. | aidi iennis 1 | ADDITIONS/CHANGES TO | | D DIRECTO | RS IN 12 | |
| | D | | | 1 TITLE | | | | Change | Addition | |
| TITLE | 1- | | | 2 NAME | | | | | | |
| NAME | SPIVAK, MARK | DI LID | ■ | | ADDRESS | | | | 1 | |
| STREET ADDRE | 100000000 | | | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE F | | | .4 CITY-\$1 .1 TITLE | ·ZIP | 45 | | Change | Addition | |
| TILE | SD | Ļ | • | | | SD PHILIPS, BAMBI | | Z onlango | | |
| NAME | PHILIPS, BAMBI | | 1 | 2 NAME | | 8036 . MACAULO | EY AT. | | | |
| STREET ADDRE | 1 | | | | ADDRESS | 8036 MACHAE | 2134 | и. | · | |
| CITY-ST-ZIP | JACKSONVILLE F | | | 4 CITY-S | T-ZIP | JACKSONVILLE, FL | - JAAT | Change | Addition | |
| TITLE | D | L | | 1 TITLE | | | | ☐ onenge | | |
| NAME | PETERS, DEBRA | | 1 | 2 NAME | | | | | Ţ | |
| STREET ADDRE | 12.0 1 | · ··· · | 3 | .3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE F | | | .4. CITY-S | T-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE | PD . | | | .1 TITLE | | | | □ cuange | ☐ Addition | |
| NAME | MARKS, BETH | - | 4 | . 2 NAME | | | | | İ | |
| STREET ADDRE | ss 1621 Camden a | VENUE | 4 | .3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE F | | | 4 CITY-S | -ZIP | | | | Addition | |
| TITLE | D | £ | | .1 TITLE | | | | Change | ☐ Addition | |
| NAME | ANAYA, DULCE | • | | .2 NAME | | · | | | • | |
| STREET ADDRE | ss 5516 KEYSTONE | DRIVE S | | | ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE F | | | 4 CITY-S | -ZIP | | | <u> </u> | - Addition | |
| TITLE | | | J Dece . L | .1 TITLE | | | | Change | ☐ Addition (| |
| NAME | | | . 6 | .2 NAME | | | | | | |
| STREET ADDRE | ss | | 1 6 | 3 STREET | ADDRESS | | • | | Ì | |
| CITY-ST-ZIP | | | | .4 CITY-S | | | | | | |
| 14. I hereb | y certify that the inform | ation supplied with this filing does r | not qualify for the | exempti | on stated | t in Section 119.07(3)(i), Florida Stati | utes. I further cer | tify that the in | formation | |

Country

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, with all other like empowered.