

# 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 # **N93000000999 (3)**

1. Corporation Name

**FOXCHASE CIVIC ASSOCIATION, INC.**



Principal Place of Business: **831 DONEGAL CT ORANGE PARK FL 32065**  
Mailing Address: **831 DONEGAL CT ORANGE PARK FL 32065**

3. Date Incorporated or Qualified: **02/26/1993**  
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3148672**  
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**

**10. Name and Address of New Registered Agent**

**WADE, M BURT**  
**772 FOXRIDGE CENTER DRIVE**  
**SUITE 142**  
**ORANGE PARK FL 32065**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WITHERELL, VERNON	
STREET ADDRESS	831 DONEGAL CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SILVA, EDUARDO	
STREET ADDRESS	831 DONEGAL CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEAKLEY, ELAINE	
STREET ADDRESS	820 RICHMOND CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIPPINCOTT, LORI	
STREET ADDRESS	839 DONEGAL CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	M	<input type="checkbox"/> DELETE
NAME	POSEY, TAMARA	
STREET ADDRESS	819 RICHMOND CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD McDure, Gary
1.3 STREET ADDRESS	821 <del>At</del> Richmond Court
1.4 CITY-ST-ZIP	Orange Park, FL 32065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD WITHERELL, VERNON
2.3 STREET ADDRESS	831 Donegal CT
2.4 CITY-ST-ZIP	Orange Park, FL 32065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Pfunter, Tracy
3.3 STREET ADDRESS	2578 Tramore Place
3.4 CITY-ST-ZIP	Orange Park, FL 32065
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Taylor, Laura
4.3 STREET ADDRESS	2588 Tramore Place
4.4 CITY-ST-ZIP	Orange Park, FL 32065
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	M Lackey, Bill
5.3 STREET ADDRESS	826 Plymouth Court
5.4 CITY-ST-ZIP	Orange Park, FL 32065
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laura Taylor Laura Taylor 4-19-96 276-3352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)