

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48452** (9)
1. Corporation Name
CENTRE STREET BUSINESS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 283 FERNANDINA BEACH FL 32034	Mailing Address P.O. BOX 283 FERNANDINA BEACH FL 32035-0283
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3. Date Incorporated or Qualified 04/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3123588	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, TRAVIS M.
205 1/2 CENTRE STREET
FERNANDINA BEACH FL 32034**

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

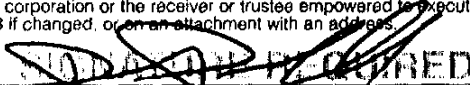
TITLE	PD	☒ DELETE
NAME	MITCHELL, FRANZ	
STREET ADDRESS	215 CENTRE ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VD	☒ DELETE
NAME	MILLS, BETH	
STREET ADDRESS	3 N. 4TH ST.	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	SD	☒ DELETE
NAME	BEAN, JOAN	
STREET ADDRESS	25 N. 3RD ST.	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	TD	☐ DELETE
NAME	POWELL, DAN	
STREET ADDRESS	520 CENTRE ST	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	ABSALOM ANSLEY, JR.	
1.3 STREET ADDRESS	1816 S. FLETCHER AVE.	
1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	STEPHEN COLWELL	
2.3 STREET ADDRESS	218 CENTRE ST.	
2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	CHERYL CALDWELL	
3.3 STREET ADDRESS	114 CENTRE ST.	
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	☐ Change ☒ Addition
5.2 NAME	MOLLY KINNEY	
5.3 STREET ADDRESS	308 CENTRE ST.	
5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL	
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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

Daytime Phone # 0000293

CR2E037 (9/96)