

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 014 ****61.25

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DOCUMENT # 703884

1. Corporation Name

GREATER JACKSONVILLE CHAPTER OF SPEBSQSA, INC.

Principal Place of Business

2212 FLEET LANDING BLVD
ATLANTIC BEACH FL 32233
US

Mailing Address

2212 FLEET LANDING BLVD
ATLANTIC BEACH FL 32233
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LATTA, T. F.
2212 FLEET LANDING BLVD.
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

04/12/1962

4. FEI Number

59-6173071

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

10. Name and Address of New Registered Agent

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 **VD** ☒ DELETE
NAME **BREEDON, JIM**
STREET ADDRESS **8451 PIKES PEAK DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ DELETE
NAME **MARQUARDT, CHARLES**
STREET ADDRESS **5AA DAVIS ST**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **VD** ☐ DELETE
NAME **WISH, JAMES R**
STREET ADDRESS **5110 FLEET LANDING BLVD**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **STD** ☐ DELETE
NAME **LATTA, T. F.**
STREET ADDRESS **2212 FLEET LANDING BLVD.**
CITY-ST-ZIP **ATLANTIC BCH FL**

TITLE **D** ☐ DELETE
NAME **ALLEN, G.W.**
STREET ADDRESS **2547 HYDE PARK RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **PARKER, DAVID**
STREET ADDRESS **1739 LIVE OAK LN**
CITY-ST-ZIP **ATLANTIC BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE **PD**
2.2 NAME **LATTA, T.F.**
2.3 STREET ADDRESS **2212 FLEET LANDING BLVD**
2.4 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 1999 (904) 249 8423

Date Daytime Phone #

CR2E037 (1/98)