

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 # 707083

(2)

1. Corporation Name

JACKSONVILLE SHELL CLUB, INC.



Principal Place of Business

Mailing Address

1801 BARRS ST., SUITE 705
JACKSONVILLE FL 32204

1801 BARRS ST., SUITE 705
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
03/31/1964

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1785008

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

LEE, HARRY G
SUITE 705, 1801 BARRS ST
JACKSONVILLE FL 32204

81 Name

Same as Current Registered Agent

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	LYERLY, BILL	
STREET ADDRESS	6541 SOLANDRA DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	THIGPEN, SELMA	
STREET ADDRESS	3869 CONCORD STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, WILLIAM M	
STREET ADDRESS	1865 DEBUTANTE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, BETTY	
STREET ADDRESS	6362 DAVID DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN H. FATU	
1.3 STREET ADDRESS	14149 TOMAS PT LN	
1.4 CITY-ST-ZIP	JAX, FL 32225	
2.1 TITLE	D.V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charlotte M. Lloyd	
2.3 STREET ADDRESS	1010 N. 24th St.	
2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
3.1 TITLE	D.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	St. John, Teresa M	
3.3 STREET ADDRESS	2605 Emily Court	
3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
4.1 TITLE	D.D. Jewell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3165 VICTORIA PARK ROAD	
4.3 STREET ADDRESS	Jacksonville, Florida 32216	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa M. St. John 2/21/96 (904) 646-2910

Date Daytime Phone

CR2E037 (12/95)