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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712199 (9)

1. Corporation Name

JACKSONVILLE COMMUNITY COUNCIL, INC.

Principal Place of Business

Mailing Address

2434 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32207
US

2434 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32207-3564
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

02/03/1967

3a. Date of Last Report

02/14/1996

4. FEI Number

59-1163905

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

CHEPENIK, LOIS
2434 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32207

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

Lois Chepenik, Executive Director

1/17/1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME ADAMS, AFESA
STREET ADDRESS 4543 HARBOR NORTH CT
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME Adams, Afesa

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME DANIELS, LAD
STREET ADDRESS 8421 BAYMEADOWS WAY, SUITE 2
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Daniels, Lad
2.3 STREET ADDRESS 7775 Baymeadows Way, Suite 106
2.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE PD ☒ DELETE

NAME KORN, MICHAEL
STREET ADDRESS 6620 SOUTHPPOINT DRIVE S, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME Sutton, Ann
3.3 STREET ADDRESS 4 Broadcast Place
3.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE VP ☐ DELETE

NAME SCHEU, WILLIAM
STREET ADDRESS 200 W. FORSYTH ST., #1600
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME Scheu, William
4.3 STREET ADDRESS 1301 Riverplace Blvd., #1500
4.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lois Chepenik
Executive Director

1/17/1997 (904) 296-3052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004839

CR2E037 (9/96)