

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
US

3. Date Incorporated or Qualified

02/03/1967

4. FEI Number

59-1163905

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 817.0502 and 817.1508, 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 817.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS Adams, Afesa
1.4 CITY-ST-ZIP Jacksonville, FL 32225

TITLE TD ☐ DELETE
NAME DANIELS, LAD
STREET ADDRESS 7775 BAYMEADOWS WAY, SUITE 106
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 SD ☒ DELETE
NAME SUTTON, ANN
STREET ADDRESS 4 BROADCAST PLACE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TD
3.3 STREET ADDRESS V. Hawley Smith, Jr.
3.4 CITY-ST-ZIP One San Jose Place
Jacksonville, FL 32257

TITLE PD ☒ DELETE
NAME SCHEU, WILLIAM
STREET ADDRESS 1301 RIVERPLACE BLVD., #1500
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME SD
4.3 STREET ADDRESS James Crooks
4.4 CITY-ST-ZIP 4044 San Clerc Rd.
Jacksonville, FL 32217

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 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

1-12-97

CR2E037 (10/97)