

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90256 047 ****61.25

DOCUMENT # 712199

1. Corporation Name

JACKSONVILLE COMMUNITY COUNCIL, INC.

Principal Place of Business

2434 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32207
US

Mailing Address

2434 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32207
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

02/03/1967

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-1163905

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, AFESA	
STREET ADDRESS	4543 HARBOR NORTH CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIELS, LAD	
STREET ADDRESS	7775 BAYMEADOWS WAY, SUITE 106	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, V H JR	
STREET ADDRESS	ONE SAN JOSE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CROOKS, JAMES	
STREET ADDRESS	4044 SAN CLERC RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL BRINTON	
1.3 STREET ADDRESS	ALLEN, BRINTON & SIMMONS PA	
1.4 CITY-ST-ZIP	ONE INDEPENDENT DRIVE #3200	
2.1 TITLE	VD SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARLEY SMITH	
3.3 STREET ADDRESS	ONE SAN JOSE PLACE - #7	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUE BUTTS	
4.3 STREET ADDRESS	11323 DISTRIBUTION AVE. E.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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 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

3/3/99

Date

904-396-3052

Daytime Phone