

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90009 019 \*\*\*\*61.25

**DOCUMENT # 712199**

1. Entity 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**

**44049882**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1163905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEPENIK, LOIS  
2434 ATLANTIC BLVD  
SUITE 100  
JACKSONVILLE, FL 32207**

Name **CHARLES R. CRAMER**

Street Address (P.O. Box Number is Not Acceptable)

**2434 Atlantic Blvd. Suite 100**

City **JACKSONVILLE**

FL

Zip Code **32207**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles R. Cramer* **CHARLES R. CRAMER, EXECUTIVE DIRECTOR**

**22 July 2004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEATHERBY, PAULA 4062 CORDOVA AVENUE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYLAN, MICHAEL 100 FESTIVAL PARK AVE. JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, JOHN PO BOX 44100 JACKSONVILLE, FL 32231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, DAVID 3432 SAN JOSE BLVD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN COBB PO BOX 44100 JACKSONVILLE, FL 32231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GERALD NEEDON PO BOX 447 JACKSONVILLE, FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / SECRETARY WILLIAM BISHOP 704 ROSELLE STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles R. Cramer* **CHARLES R. CRAMER**

**22 July 2004 (904) 396-3052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #