

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 MAR 13 AM 11:10**

**DOCUMENT # 723216 (8)**

1. Corporation Name

**JACKSONVILLE SUPERVISORS ASSOCIATION, INC.**

Principal Place of Business

311 W. MONROE ST  
P.O. BOX 4243  
JACKSONVILLE FL 32202-4221  
US

Mailing Address

311 W. MONROE ST  
P.O. BOX 4243  
JACKSONVILLE FL 32202-4221  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1972**

3a. Date of Last Report

**03/18/1994**

4. FEI Number

**59-1782195**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**MATHIAS, WILLIAM S., JR.  
341 BAISDEN RD.  
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Wilmer T. Atwell*  
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-8-1995**

12. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | D                                |
| NAME           | JOHNSON, LARRY                   |
| STREET ADDRESS | 6524 UTSEY ROAD                  |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |
| TITLE          | D                                |
| NAME           | LYNN, LINDA                      |
| STREET ADDRESS | 2283 JADESTONE                   |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |
| TITLE          | D                                |
| NAME           | MULKEN, CORA                     |
| STREET ADDRESS | 2756 WILKINSON CREEK ROAD        |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |
| TITLE          | D                                |
| NAME           | NASWORTHY, RON                   |
| STREET ADDRESS | 11051 MANDARIN STATION DRIVE, W. |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |
| TITLE          | D                                |
| NAME           | ROGERSON, TOM                    |
| STREET ADDRESS | 2175 HEATH GREEN PLACE           |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |
| TITLE          | D                                |
| NAME           | SCHULTZ, SCOTT                   |
| STREET ADDRESS | 4507 ORTEGA FARMS CIRCLE         |
| CITY-ST-ZIP    | JACKSONVILLE FL                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | D BROWN, WALTER                                                              |
| 3.3 STREET ADDRESS | 4738 PARA WOODS DRIVE, E.                                                    |
| 3.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32210                                                       |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 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 110.07(3)(b), 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:

*Wilmer T. Atwell*

Wilmer T. Atwell, President 3/6/95

(904) 630-1980

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JACKSONVILLE SUPERVISORS ASSOCIATION**  
**P. O. BOX 4243**  
**JACKSONVILLE, FLORIDA 32201**

**Board of Directors**  
**1994/1996**

| <b><u>Officers</u></b>            | <b><u>Address</u></b>                  | <b><u>Home Phone</u></b> | <b><u>Bus Phone</u></b> |
|-----------------------------------|----------------------------------------|--------------------------|-------------------------|
| Wilmer Atwell, President.         | 10353 DePaul Dr 32218                  | 757-8682                 | 630-1980                |
| Joe Cox, Vice-President.          | 2075 Mills Road 32216                  | 721-0146<br>Ex 5123      | 630-1800                |
| Robert Forster, Treasurer.        | 6442 Wood Valley Road 32217            | 733-9959                 | 630-1220                |
| <b><u>Board of Directors:</u></b> |                                        |                          |                         |
| Vivian Arguelles                  | 4778 Lynbrook Dr. 32207                | 737-3351                 | 693-7636                |
| John Blair                        | 3148 Caribbean 32211                   | 743-6985                 | 387-8800                |
| Walter Brown                      | 4738 Para Wood Dr., E. 32210           | 388-4045                 | 778-7305                |
| Bill Gaston                       | 514 Bay Ridge Rd 32216                 | 727-7307                 | 630-3666                |
| Larry Johnson                     | 6524 Utsey Road 32219                  | 768-8567                 | 630-3780                |
| Linda Lynn                        | 2283 Jadestone 32246                   | 641-8549                 | 390-2013                |
| Tom Mallett                       | P.O. Box 8152 32239                    | 646-1676                 | 630-4915                |
| Ron Nasworthy                     | 11051 Mandarin Station Dr, West 32257  | 262-8765                 | 630-3555                |
| Emmett Prevatt, Jr.               | 5039 Timuquana Rd Apt 118 32210        | 771-3651                 | 633-5360                |
| Tom Rogerson                      | 2175 Heath Green Place, North 32246    | 221-0590                 | 630-4939                |
| Scott Schultz                     | 4507 Ortega Farms Circle 32210         | 771-8442                 | 778-0156                |
| Gerald Young                      | 2604 Red Fox Rd. Orange Park, FL 32073 | 269-0367                 | 630-3666                |