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CORPORATION ANNUAL REPORT

1995

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95 MAY -1 AM 8:11

DOCUMENT # **723810** **(8)**

1. Corporate Name

PICKWICK PARK RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10373 WINDFERN CT N JACKSONVILLE FL 32257	10373 WINDFERN CT N JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1972
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1400406 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3316 Pickwick Drive So.	26 P.O. Box # 32042
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32257 Country 25 DUVAL	Zip 29 32237 Country 30 Duval

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
RUSSELL, ROBERT 9617 SCOTT MILL RD JAKSONVILLE FL 32257	81 Name: STRAUSSER, TOM 82 Street Address (P.O. Box Number is Not Acceptable): 9778 SHARING CROSS DR. 83 84 City: JACKSONVILLE 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: [signature] (If changing Registered Agent, Registered Agent must sign this section.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 Title	PD	11 Title	☐ Change ☐ Addition
12 Name	STRAUSSER, TOM	12 Name	
13 Street Address	9778 SHARING CROSS DR	13 Street Address	
14 City, St, Zip	JACKSONVILLE, FL 00000	14 City, St, Zip	
21 Title	SD	21 Title	☑ Change ☐ Addition
22 Name	VIAU, JOY	22 Name	SD Reade, Sue
23 Street Address	9768 SHARING CROSS DR	23 Street Address	11423 Lowndes Wood Dr.
24 City, St, Zip	JACKSONVILLE, FL 00000	24 City, St, Zip	Jacksonville, FL
31 Title	TD	31 Title	TD
32 Name	DANIEL, J.D.	32 Name	[redacted] Manfort, Victor
33 Street Address	10373 WINDFERN CT N	33 Street Address	2981 Oakisle Rd. N.
34 City, St, Zip	JACKSONVILLE, FL 00000	34 City, St, Zip	Jacksonville, FL
41 Title	VPD	41 Title	VPD
42 Name	FEEKS, ED	42 Name	[redacted] Bayham, Kim
43 Street Address	9455 CONFER RD	43 Street Address	3680 Torre Grand Ave
44 City, St, Zip	JACKSONVILLE FL	44 City, St, Zip	Jacksonville, FL
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	**REMITTED BY MAY 1**
64 City, St, Zip		64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or an attachment with an address.

SIGNATURE: [signature] (VICTOR A Manford) 4-1-95 (904) 262-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0026731