

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **736489** (6)

1. Corporation Name

OCEANWAY IMPROVEMENT COUNCIL, INC.



Principal Place of Business

Mailing Address

**11878 MILLER CIR. W.
JACKSONVILLE FL 32218**

**11878 MILLER CIR. W.
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified
07/28/1976

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 Oceanway Avenue**

26 **111 Oceanway Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville, Fl.**

28 **Jacksonville, Fl.**

24 Zip **32218** 25 Country **U.S.A.**

29 Zip **32218** 30 Country **U.S.A.**

4. FEI Number

59-1712668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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

**SMITH, FLETA
11878 MILLER CIRCLE WEST
JACKSONVILLE FL 32218**

81 Name

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

111 Oceanway Ave.

83

84 City

Jacksonville,

FL

85 Zip Code

32218

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** ☐ DELETE
NAME **WHITE, COBY R.**
STREET ADDRESS **111 OCEANWAY AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **CONNELL, DANIEL C.**
STREET ADDRESS **157 ORANGE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **SMITH, FLETA**
STREET ADDRESS **11878 MILLER CIRCLE WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☒ Change: ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Smith, Fleta**
3.4 CITY-ST-ZIP **111 Oceanway Ave.
Jacksonville, Fl. 32218**

TITLE **D** ☒ DELETE
NAME **FORSHEE, ESTEL**
STREET ADDRESS **11864 DUVAL RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change: ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Louise Mathews**
4.4 CITY-ST-ZIP **117 Magnolia Ave.
Jacksonville, Fl. 32218**

TITLE **D** ☒ DELETE
NAME **RAINES, HAROLD**
STREET ADDRESS **11860 HOULE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change: ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Harry J. Wagner**
5.4 CITY-ST-ZIP **13659 Dunns Creek Road
Jacksonville, Fl. 32226**

TITLE **D** ☐ DELETE
NAME **HANSEN, W.C.**
STREET ADDRESS **12540 PULASKI ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change: ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Mrs Mary Hurst**
6.4 CITY-ST-ZIP **12438 Woodland Ave
Jacksonville, Fl. 32218**

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 199.07(3)(k), 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: **Coby R. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1996 904-
757-1572

Date

Daytime Phone #

CR2E037 (12/95)