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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739228

1. Corporation Name

JACKSONVILLE ARTIFICIAL REEF, INC.

Principal Place of Business

P O BOX 331185
ATLANTIC BEACH FL 32233
US

Mailing Address

P O BOX 331185
ATLANTIC BEACH FL 32233
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/06/1977

4. FEI Number

59-1743443

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

9. Name and Address of Current Registered Agent

WALKER, ROGER
1416 PINWOOD ROAD
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

JACKSONVILLE

FL

85 Zip Code

32277

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

(NOTE: Registered Agent signature required when reinstating)

1-12-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME WALKER, ROGER
STREET ADDRESS 1416 PINWOOD ROAD
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE V ☒ DELETE
NAME DYE, LYDIA
STREET ADDRESS 2462 JETTY COURT
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE S ☐ DELETE
NAME TAYLOR, DEBBI
STREET ADDRESS 791 ASSISI LANE APT. #904
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE T ☐ DELETE
NAME CASSARA, ELYSE
STREET ADDRESS 13042 STAFFORDSHIRE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☒ DELETE
NAME DARNER, CHUCK
STREET ADDRESS 11448 SCOTT MILL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☒ DELETE
NAME FREEMAN, CHARLIE
STREET ADDRESS 639 MATTERHORN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME CHERYL THOMPSON
1.3 STREET ADDRESS 6544 FERBER RD
1.4 CITY-ST-ZIP JACKSONVILLE FL 32277

2.1 TITLE U ☒ Change ☐ Addition
2.2 NAME MARCH SUMMERSILL
2.3 STREET ADDRESS 608 FORGOTTEN WAY
2.4 CITY-ST-ZIP JACKSONVILLE FL 32201

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME ROGER WALKER
5.3 STREET ADDRESS 1416 PINWOOD DR.
5.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME GEORGE STRATE
6.3 STREET ADDRESS 350 SEMINOLE RD
6.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233

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]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99/9A-630-3364

CR2E037 (1/98)