SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739774

(8)

GREATER JACKSONVILLE RACING PIGEON CLUB. INC. Principal Place of Business Mailing Address 7338 OLD PLANK RD 1816 BUCKNELL AVE JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1977 05/01/1996 2. Principal Place of Business Mailing Address 2a. 4. FEI Number Applied For 59-2002413 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired 22 Fee Reguired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 29 30 ☐ Yes No. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KALE, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 1816 BUCKNELL AVE JACKSONVILLE FL 32218 83 84 Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD X Change 1.1 TITLE Addition KALE, JOHN NAME 1.2 NAME R. J. Petzel **1816 BUCKNELL AVENUE** 8434 Barcelona Ave. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32218 Orange Park, FL 32073 CITY-ST-ZIP 14 City-St-7iP TITLE DELETE VP D K Change 2.1 TITLE ■ Addition Leon Conover COKO, MIKE NAME 2.2 NAME **ROUTE 2 BOX 398T N/A** 1444 Griflet Road STREET ADDRESS 2.3 STREET ADDRESS HILLARD FL 32046 Jacksonville, FL 32211 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TDS TITLE DELETE 31 TITLE K Change Addition CLOUD, LAURA NAME Mike Muratore 3.2 NAME 9919 UAHX ROAD 1445 Eastwind Drive STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32246 Jacksonville Beach, FL 32250 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition Laura Cloud SCHAFFER, GEORGE H III NAME 4.2 NAME P.O. BOX 551281 N/A 9919 Leahy Ave. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32255-1281 Jacksonville, FL 32246 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition PETZEL, RONALD NAME 5.2 NAME 8424 BARCELONA AVE. STREET ADDRESS **5.3 STREET ADDRESS ORANGE PARK FL 32073** CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE TITLE 6.1 TATLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 compiration 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 ellipsed, or on an attantiment with an address.

6.4 CITY-ST-ZIP

CR2E037 (4/97)

FILED

Aug 19 1997 8:00am

Secretary of State