

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 748973 (5)
 1. Corporation Name
GREATER JACKSONVILLE AREA USO COUNCIL, INC.



Principal Place of Business Mailing Address
BOX 108 JACKSONVILLE FL 32212 **BOX 108 JACKSONVILLE FL 32212**

3. Date Incorporated or Qualified **09/19/1979** 3a. Date of Last Report **02/13/1995**
 4. FEI Number **59-1052424** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
~~SCHUPPERT, VINCENT J.
 1212 RIVER ROAD
 ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent
 81 Name **William H. Kennedy**
 82 Street Address (P.O. Box Number is Not Acceptable) **2748 Foxwood Road, South**
 83 *William H Kennedy*
 84 City **Orange Park** FL 85 Zip Code **32073**

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 Executive Director *William H Kennedy* **6-10-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CARLEY, JR. W | |
| STREET ADDRESS | 1134 SQUIRREL COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BECKWITH, HENRY H. | |
| STREET ADDRESS | 3277 HWY 17 SOUTH | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HUDSPETH, GEORGE L. | |
| STREET ADDRESS | 10727 CROSSWICKS ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ANDERSON, JOHN E. |
| 2.3 STREET ADDRESS | 2732 Beauclerc Road |
| 2.4 CITY-ST-ZIP | Jacksonville, FL 32257 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 119.07(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: **John E. Anderson, President** *John E Anderson* **6/13/96** **(904)355-1781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone EXT. 215

CR2E037 (3/96)