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FILED

Feb 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 749652 (4)

1. Corporation Name

JACKSONVILLE CHESS CLUB, INC.

Principal Place of Business

COMFORT INN SOUTH  
3233 EMERSON STREET  
JACKSONVILLE FL 32207

Mailing Address

JACKSONVILLE CHESS CLUB  
P.O. BOX 5007  
JACKSONVILLE FL 32247-5007



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1979

3a. Date of Last Report

02/16/1996

4. FEI Number

59-1997386

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

HOCKMAN, LUCIEN J JR  
10960 BEACH BLVD  
SUITE 513  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOCKMAN, LUCIEN J JR	
STREET ADDRESS	10960 BEACH BLVD., #513	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GOLDIS, BJORN	
STREET ADDRESS	1568 CHAIN FERN WAY	
CITY-ST-ZIP	ORNADE PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DILLINGER, DAREN	
STREET ADDRESS	4743 BRIERWOOD ROAD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SHIMP, EARL	
STREET ADDRESS	1864 HAMMOCK CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, NELSON	
STREET ADDRESS	1109 EAST 4TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARNEY, HAROLS J.	
STREET ADDRESS	4018 PEACH DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Needham, John V.	
1.3 STREET ADDRESS	1570 Rivergate Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
2.1 TITLE	Donnelly, Russell B. VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5616 Auburn Rd. Apt c	
2.3 STREET ADDRESS	Jacksonville, FL 32207	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fortado, Bruce	
3.3 STREET ADDRESS	100 Fairway Park Blvd #908	
3.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lamb, David E.	
4.3 STREET ADDRESS	3534 Smithfield St. #402	
4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Delstein, Ray	
5.3 STREET ADDRESS	11059 Peppermill Lane	
5.4 CITY-ST-ZIP	Jacksonville, FL 32257	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucien J. Hockman, Jr Treasurer 2/24/97

904-641-1757

Date Daytime Phone 0000013

CR2E037 (9/96)