

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90040 003 ****61.25

DOCUMENT # 749652

1. Corporation Name

JACKSONVILLE CHESS CLUB, INC.

Principal Place of Business

UNIVERSITY OF FLORIDA
1524 ROBINSON STUDENT LIFE CENTER
JACKSONVILLE FL 32224
US

Mailing Address

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



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

11/05/1979

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

9. Name and Address of Current Registered Agent

DOBELSTEIN, RAY
11059 RIVERGATE DR
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

Ray Dobelstein

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

11059 Peppermill Lane

83

84 City

Jacksonville

FL

85 Zip Code

32257

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS NEEDHAM, JOHN V
CITY-ST-ZIP 1570 RIVERGATE DR
JACKSONVILLE FL 32223

TITLE ☐ DELETE

NAME VD
STREET ADDRESS DONNELLY, RUSSELL B
CITY-ST-ZIP 5616 AUBURN RD APT C
JACKSONVILLE FL

TITLE ☒ DELETE

NAME SD
STREET ADDRESS DICKENS, HERBERT
CITY-ST-ZIP 603 CENTRE ST
FERNANDINA BEACH FL 32034

TITLE ☐ DELETE

NAME D
STREET ADDRESS LAMB, DAVID E
CITY-ST-ZIP 3534 SMITHFIELD ST #402
JACKSONVILLE FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS DOBELSTEIN, RAY
CITY-ST-ZIP 11059 PEPPERMILL LN
JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS FORTADO, BARUCE
CITY-ST-ZIP 4090 HODGES BLVD, #2811
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/99

904 268 2066

CR2E037 (11/98)

0006608