

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752322 (8)
1. Corporation Name
EXECUTIVES' ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
10139 CROSS GREEN WY
JACKSONVILLE FL 32256-7101
US 10139 CROSS GREEN WY
JACKSONVILLE FL 32256-7101
US

3. Date Incorporated or Qualified 05/05/1980 3a. Date of Last Report 05/01/1995
4. FEI Number 59-0237225 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 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEVERANCE, JAY L JR
10139 CROSS GREEN WY
STE. J
JACKSONVILLE FL 32256

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COZART, HAROLD
STREET ADDRESS P O BOX 40485 N/A
CITY - ST - ZIP JACKSONVILLE FL
TITLE VPD ☐ DELETE
NAME FILLINGHAM, FRED
STREET ADDRESS P O BOX 61886 N/A
CITY - ST - ZIP JACKSONVILLE FL
TITLE ST ☐ DELETE
NAME KIRBY, CRUMP
STREET ADDRESS P O BOX 10196 N/A
CITY - ST - ZIP JACKSONVILLE FL
TITLE ED ☐ DELETE
NAME SEVERANCE, JAY L JR.
STREET ADDRESS 10139 CROSS GREEN WY
CITY - ST - ZIP JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ANDERSON, BOB
1.3 STREET ADDRESS P.O. DRAWER 41490
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32203
2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME SCARLETT, STAN
2.3 STREET ADDRESS 4540 SOUTHSIDE BOULEVARD #902
2.4 CITY - ST - ZIP JACKSONVILLE, FL 32216
3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME HATCHER, BRACKY
3.3 STREET ADDRESS P.O. BOX 23180
3.4 CITY - ST - ZIP JACKSONVILLE, FL 32241
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-96 (904) 646-1993

CR2E037 (12/95)