

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

PROFIT  
ORATION  
REPORT



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

1996

DOCUMENT # **757556** (6)

1. Corporation Name  
**NORTH JACKSONVILLE CERAMIC CLUB, INC.**



Principal Place of Business: **5120 PERRY STREET JACKSONVILLE FL 32208 US**  
Mailing Address: **5120 PERRY STREET JACKSONVILLE FL 32208**

3. Date Incorporated or Qualified: **04/14/1981** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **42-0328548** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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: **STEWART, TOM B., JR. 345 E FORSYTH ST JACKSONVILLE FL 32202**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>BM</b>	NAME: <b>WILSON, MAGGIE</b>	1.1 TITLE: <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>1522 W. 30TH STREET</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	1.2 NAME: <b>Deloris White</b>	
		1.3 STREET ADDRESS: <b>1456 W. 19TH ST.</b>	
		1.4 CITY-ST-ZIP: <b>Jax FL 32209</b>	
TITLE: <b>D</b>	NAME: <b>JENKINS, BEVERLY K</b>	2.1 TITLE: <b>Alice Hatten</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>118 EAST 45TH ST</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	2.2 NAME: <b>4504 Moncrief Rd</b>	
		2.3 STREET ADDRESS: <b>Jax FL 32209</b>	
		2.4 CITY-ST-ZIP: <b>Jax FL 32209</b>	
TITLE: <b>T</b>	NAME: <b>STORY, PATRICIA S.</b>	3.1 TITLE: <b>Board Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>4951 DALLEN LEA DR.</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	3.2 NAME: <b>Christine Jenkins</b>	
		3.3 STREET ADDRESS: <b>6240 W. High Rd.</b>	
		3.4 CITY-ST-ZIP: <b>Jax FL 32209</b>	
TITLE: <b>T</b>	NAME: <b>CLAYTON, BERDELL</b>	4.1 TITLE: <b>Board Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>1489 MORGAN ST.</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	4.2 NAME: <b>Marsha Story</b>	
		4.3 STREET ADDRESS: <b>4951 DalLEN Lea Dr.</b>	
		4.4 CITY-ST-ZIP: <b>Jax FL 32209</b>	
TITLE: <b>T</b>	NAME: <b>HATTON, WILBERT</b>	5.1 TITLE: <b>Vice Pres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>4504 MONCRIEF RD., W.</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	5.2 NAME: <b>Florida Patterson</b>	
		5.3 STREET ADDRESS: <b>1554 W. 12TH ST.</b>	
		5.4 CITY-ST-ZIP: <b>Jax FL 32209</b>	
TITLE: <b>BM</b>	NAME: <b>THOMAS, DOROTHY</b>	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>49 W. 22ND STREET</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL</b>	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: *Sereni Skurk* *Beverly K Jenkins* (904) 430-0301  
Date: 7/31/96 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)