

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

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

28 Zip

30 Country

4. FEI Number

42-0328548

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

10. Name and Address of New Registered Agent

STEWART, TOM B., JR.  
345 E FORSYTH ST  
JACKSONVILLE FL 32202

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	BM	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MAGGIE	
STREET ADDRESS	1522 W. 30TH STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, BEVERLY K	
STREET ADDRESS	118 EAST 45TH ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STORY, PATRICIA S.	
STREET ADDRESS	4951 DALLAN LEA DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLAYTON, BERDELL	
STREET ADDRESS	1489 MORGAN ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HATTON, WILBERT	
STREET ADDRESS	4504 MONCRIEF RD., W.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	THOMAS, DOROTHY	
STREET ADDRESS	49 W. 22ND STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deloris White	
1.3 STREET ADDRESS	1456 W. 19TH ST.	
1.4 CITY - ST - ZIP	Jax FL 32209	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alice Flatten	
2.3 STREET ADDRESS	4504 Moncrief Rd	
2.4 CITY - ST - ZIP	Jax FL 32209	
3.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christine Jenkins	
3.3 STREET ADDRESS	6240 E. Hilda Dr.	
3.4 CITY - ST - ZIP	Jax FL 32209	
4.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marsha Story	
4.3 STREET ADDRESS	4951 Dallen Lea Dr.	
4.4 CITY - ST - ZIP	Jax FL 32209	
5.1 TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gloria Patterson	
5.3 STREET ADDRESS	1554 W. 12TH ST.	
5.4 CITY - ST - ZIP	Jax FL 32209	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)