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May 20 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 # 757556 (6)

1. Corporation Name

NORTH JACKSONVILLE CERAMIC CLUB, INC.

Principal Place of Business

Mailing Address

5120 PERRY STREET
JACKSONVILLE FL 32208
US

5120 PERRY STREET
JACKSONVILLE FL 32208-5132



3. Date Incorporated or Qualified
04/14/1981

3a. Date of Last Report
08/07/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE

NAME WHITE, DELORIS
STREET ADDRESS 1458 W. 19TH STREET
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition

D ☒ DELETE

NAME HATTEN, ALICE
STREET ADDRESS 4504 MONCRIEF RD
CITY-ST-ZIP JACKSONVILLE FL

Treasurer Perry White

1.2 NAME

1.3 STREET ADDRESS 1458 W. 19TH ST.

1.4 CITY-ST-ZIP Jacksonville, FL

2.1 TITLE ☐ Change ☒ Addition

D ☐ DELETE

NAME JENKINS, CHRISTINE
STREET ADDRESS 6240 PETTIFORD DRIVE
CITY-ST-ZIP JACKSONVILLE FL

2.2 NAME Patricia Story

2.3 STREET ADDRESS 4951 Dallen Lea Dr.

2.4 CITY-ST-ZIP Jacksonville, FL

3.1 TITLE ☐ Change ☒ Addition

D ☐ DELETE

NAME STORG, MARSHA
STREET ADDRESS 4951 DALLEN LEA DRIVE
CITY-ST-ZIP JACKSONVILLE FL

3.2 NAME Beverly K Jenkins

3.3 STREET ADDRESS P.O. Box 28141

3.4 CITY-ST-ZIP Jax, FL

4.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

NAME PATTERSON, GLORIA
STREET ADDRESS 1584 W 12TH STREET
CITY-ST-ZIP JACKSONVILLE FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

BM ☐ DELETE

NAME THOMAS, DOROTHY
STREET ADDRESS 49 W. 22ND STREET
CITY-ST-ZIP JACKSONVILLE FL

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 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.

CR2E037 (9/96)