

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 # 763675 (6)

1. Corporation Name

GRACELAND SHORES OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% GEORGE D. JOYNER
603 THIRD ST. SO.
JACKSONVILLE BEACH FL 32250

% GEORGE D. JOYNER
603 THIRD ST. SO.
JACKSONVILLE BEACH FL 32250

Agnes H. Joyner

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 707 First St. S.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1982

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2950077

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

10. Name and Address of New Registered Agent

JOYNER, AGNES H
707 THIRD ST. SO.
STE. #503
JACKSONVILLE BCH FL 32250

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

Agnes H. Joyner

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ARTEGA, JASON D
STREET ADDRESS 244 UNIVERSITY BLVD N
CITY-ST-ZIP JACKSONVILLE FL 32211

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME JOYNER, AGNES H.
STREET ADDRESS 244 UNIVERSITY BLVD N
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FRITTON, WANDA J.
STREET ADDRESS 244 UNIVERSITY BLVD N
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HOLLARS, ORVAL T.
STREET ADDRESS 799 MORRIS AVE
CITY-ST-ZIP INGLIS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME POOLE, CLARENCE
STREET ADDRESS 266 POLYNESIA AVE.
CITY-ST-ZIP INGLIS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Agnes H. Joyner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996 (904) 246-1587

CR2E037 (12/95)