4/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-10-2001 90116 048 ****61.25

DOCUMENT # 764391

1. Entity Name

JACKSONVILLE ASSOCIATION OF THE YOUNG AMERICAN B

Principal Place of Business	Mailing Address
802 PORT WINE LANE JACKSONVILLE FL 32225 US	802 PORT WINE LANE JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 1611	P.O. Box 1611
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleburg Fl	City & State: Middleburg Fl
Zip: 32050 Country: Clay	Zip: 32050 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIS, DEBBIE 802 PORT WINE LANE JACKSONVILLE FL 32225	Name: Norma Hall Street Address (P.O. Box Number is Not Acceptable): 2165 Blueb11 Rd P.O. Box 1611 City: Middleburg FL Zip Code: 32050

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Norma Hall 02/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIS, TERRY 802 PORT WINE LANE JACKSONVILLE FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President T John Lowman 5823 Blackthorn Rd Orx Fl 32244	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUCHLER, KATHY 1122 ARBOR CIRCLE ORANGE PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAUDERDALE, PATRICIA 1253 W. GREEN CAY AVE ATLANTIC BEACH FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP Bryan Hall P.O. Box 1611 Middleburg Fl 32050	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARSONS, DEBI 2212 THIERVY DRIVE JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D/T Norma Hall P.O. Box 1611 Middleburg, Fl 32050	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BRYANT, JOYCE 10960 HAWAII DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure T Michele Anderson 2442 Egrets Glade Orx Fl 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARENTEAU, BRENDA 10821 HAPPY VALE RD JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sgt @ Arms Clayton Overholtz Jr. 265 Valley Forge Rd Orx Fl 32244	☐ Change ☐ Addition

CR2E037 (10/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Hall REQUIRED 4/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #