

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 765263 (9)
1. Corporation Name
**JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION,
INC.**

Principal Place of Business Mailing Address
3645 SPRING PARK RD JACKSONVILLE FL 32207
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1982	3a. Date of Last Report 06/23/1994
4. FEI Number 59-2288753	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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9. Name and Address of Current Registered Agent
**NORSWORTHY, L. W. "PAPPY"
3645 SPRING PARK RD.
JACKSONVILLE FL 32207**

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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ROBERT A	1.2 NAME	
STREET ADDRESS	4236 VICTOR ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, THOMAS J.	2.2 NAME	
STREET ADDRESS	1823 HOLLY OAKS LK. RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NORSWORTHY, L W "PAPPY"	3.2 NAME	
STREET ADDRESS	3645 SPRING PARK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, C PAUL	4.2 NAME	
STREET ADDRESS	563 UNIV BLVD N	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VINING, STEPHEN E.	5.2 NAME	
STREET ADDRESS	4246 SPRINGWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Robert A. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Robert A. Bailey

4/8/95
Date

3980295
Daytime Phone #