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Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765373 (6)

1. Corporation Name

JAPAN-AMERICA SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

25 BELLEVIEW BLVD.
PALM COTTAGE
CLEARWATER FL 34616
USP. O. BOX 2317
CLEARWATER FL 34617-2317
US3. Date Incorporated or Qualified
10/11/19823a. Date of Last Report
05/01/1996

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

PAYNE, ROBERT
25 BELLEVIEW BLVD.
PALM COTTAGE
CLEARWATER FL 34616

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

TITLE DS
NAME MATTHEWS, FERN
STREET ADDRESS 300 NORTH COUNTY RD. 427, STE. 100-D
CITY-ST-ZIP LONGWOOD FL
☒ DELETE1.1 TITLE DS
1.2 NAME LEAVENGOOD, VICTOR
1.3 STREET ADDRESS 4516 SYLVAN RAMBLE
1.4 CITY-ST-ZIP TAMPA FL 33609
☐ Change ☒ AdditionTITLE TD
NAME MILAM, DENNIS
STREET ADDRESS 201 E KENNEDY BLVD, SUITE 1200
CITY-ST-ZIP TAMPA FL 33602
☒ DELETE2.1 TITLE TD
2.2 NAME CARR, JEFFERY
2.3 STREET ADDRESS 201 E. KENNEDY BLVD, SUITE 1200
2.4 CITY-ST-ZIP TAMPA, FL 33602
☐ Change ☒ AdditionTITLE PD
NAME FLYNN, WILLIAM J. III
STREET ADDRESS 501 E. KENNEDY BLVD., STE. 1700
CITY-ST-ZIP TAMPA FL
☐ DELETE3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE VD
NAME LAMB, RONALD
STREET ADDRESS POST OFFICE BOX 24355 N/A
CITY-ST-ZIP TAMPA FL 33623-4355
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VD
NAME LEWIS, DONALD
STREET ADDRESS 22051 US HWY 19 NO
CITY-ST-ZIP CLEARWATER FL
☒ DELETE5.1 TITLE PD
5.2 NAME ORR, MARK T.
5.3 STREET ADDRESS 4202 FOWLER AVE
5.4 CITY-ST-ZIP TAMPA FL 33620
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066975

CR2E037 (9/96)