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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90158 029 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 765373**

1. Corporation Name

**JAPAN-AMERICA SOCIETY OF FLORIDA, INC.**

Principal Place of Business

25 BELLEVIEW BLVD.  
PALM COTTAGE  
CLEARWATER FL 34616  
US

Mailing Address

P. O. BOX 2317  
CLEARWATER FL 33617  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 **#160**

23 City & State  
**LARGO, FL.**

24 Zip **33777** 25 Country **U.S.A.**

2a. Mailing Address

26 **PO Box 23744**

27 Suite, Apt. #, etc.  
~~27 **PO Box 23744**~~

28 City & State  
**TAMPA, FL**

29 Zip **33623** 30 Country **U.S.A.**

3. Date Incorporated or Qualified

**10/11/1982**

4. FEI Number

**59-2254223**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **PAYNE ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**504 W. DAVIS BLVD**  
83  
84 City **TAMPA** 85 State **FL** 86 Zip Code **33606**

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

**Robert W. Payne** **Robert W. PAYNE, Executive Dir.** **1/14/99**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEAVENGOOD, VICTOR	
STREET ADDRESS	4516 SYLVAN RAMBLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARR, JEFFERY	
STREET ADDRESS	201 E KENNEDY BLVD, SUITE 1200	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAMB, RONALD	
STREET ADDRESS	POST OFFICE BOX 24355 N/A	
CITY-ST-ZIP	TAMPA FL 33623-4355	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORR, MARK T.	
STREET ADDRESS	4202 FOWLER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: X **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/99**

**813-213-8827**

CR2E037 (1/98)