

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 # 770463 (8)

1. Corporation Name

C. G. JUNG SOCIETY OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

**1911 LANDWOOD ST
JACKSONVILLE FL 32211**

**1911 LANDWOOD ST
JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified
09/28/1983

3a. Date of Last Report
05/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, ROBERT O.
FLORIDA NATIONAL BANK TOWER
SUITE 2100
JACKSONVILLE FL 32202**

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

BERG, HALLIE COLLINS

STREET ADDRESS

379 10TH ST

CITY - ST - ZIP

ATLANTIC BEACH FL

TITLE

TD

☐ DELETE

NAME

WALTERS, HANK

STREET ADDRESS

1911 LANDWOOD ST.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☐ DELETE

NAME

TILLEY, ALLEN

STREET ADDRESS

1212 14TH AVE N

CITY - ST - ZIP

JACKSONVILLE BEACH FL

TITLE

D

☐ DELETE

NAME

WALTERS, MARIA D.

STREET ADDRESS

1911 LANDWOOD STREET

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☒ DELETE

NAME

GROBLE, MARTYE

STREET ADDRESS

4424 ORTEGA FOREST DR

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)