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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 770463**

1. Corporation Name

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

Principal Place of Business

1015 ATLANTIC BLVD  
STE. 171  
ATLANTIC BEACH FL 32233  
US

Mailing Address

1015 ATLANTIC BLVD.  
STE. 171  
ATLANTIC BEACH FL 32233  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/28/1983

4. FEI Number

59-2422811

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

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

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE  
NAME **EMERSON-SMITH, MARY**  
STREET ADDRESS **314 B 8TH ST**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **SD** ☐ DELETE  
NAME **GOMEZ, BARBARA**  
STREET ADDRESS **2703 2ND ST S**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL-32250**

TITLE **D** ☐ DELETE  
NAME **TILLEY, ALLEN**  
STREET ADDRESS **1212 14TH AVE N**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **TD** ☒ DELETE  
NAME **GRAHAM, CYNTHIA**  
STREET ADDRESS **6804 LINFORD LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ DELETE  
NAME **BEGLEY, CARL**  
STREET ADDRESS **1638 CAMDEN AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

(904) 249-2676

CR2E037 (1/98)