

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90034 040 ****70.00

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1. Entity Name

THE CHARIS CORPORATION, INC.



Principal Place of Business

6611 RAMONA BLVD.
JACKSONVILLE FL 32205

Mailing Address

PO BOX 77298
JACKSONVILLE FL 32226

34040401



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3706455

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FIELDS, LOUIS J JR.
10905 LYDIA ESTATE DR.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME FIELDS, LOUIS J JR.
STREET ADDRESS 10905 LYDIA ESTATE DR.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete
NAME FIELDS, LISA L
STREET ADDRESS 10905 LYDIA ESTATE DR.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE SD ☐ Delete
NAME STAMPER, VIVIE
STREET ADDRESS 8368 LENOX AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE TD ☐ Delete
NAME KIGHT, JERALD D
STREET ADDRESS 1968 YELLOWJACKET DRIVE
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis J. Fields, Jr. 4-7-04 904-693-4464

Date

Daytime Phone #