

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 025 ****61.25

DOCUMENT # N04000001652

1. Entity Name

JACKSONVILLE YORK RITE BODIES, INC.



Principal Place of Business

1237 S. MCDUFF AVE.
JACKSONVILLE FL 32250-8050

Mailing Address

1237 S. MCDUFF AVE.
JACKSONVILLE FL 32250-8050



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1738716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZPATRICK, CHESTER L
2860 CEDARCREST DR.
ORANGE PARK FL 32073

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, 2008

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 D ☒ Delete
NAME HICKOX, GLYNN L
STREET ADDRESS 3145 HONEYWOOD DR.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE D ☐ Delete
NAME COOPER, CHARLES R
STREET ADDRESS 3247 SABAL PALM DR
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE D ☒ Delete
NAME STANFORD, LELAND E III
STREET ADDRESS 3705 VIA DE LA REINA
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE S ☐ Delete
NAME HAMMOND, WALTER M
STREET ADDRESS 1237 S MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

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 D ☐ Change ☒ Addition
NAME IRLE, CHARLES F.
STREET ADDRESS 1700 FOREST AVE.
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE D ☐ Change ☒ Addition
NAME TRENT, MICHAEL PETE
STREET ADDRESS 7372 WENDING CT S
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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: Walter M. Hammond WALTER M. HAMMOND 4-15-08 904-389-0792