

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 # **N05977** (6)  
1. Corporation Name  
**NEW JERSEYANS OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**449 LAKE OF THE WOODS DR** **449 LAKE OF THE WOODS DR**  
**VENICE FL 34293** **VENICE FL 34293**

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2579498** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**KING, KARL A**  
**449 LAKE OF THE WOODS DR**  
**VENICE FL 34293**

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, KARL A.</b>	
STREET ADDRESS	<b>449 LAKE OF THE WOODS DR</b>	
CITY - ST - ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCIORTINO, PHILIP</b>	
STREET ADDRESS	<b>ROYAL ROAD</b>	
CITY - ST - ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARBER, SHERMAN</b>	
STREET ADDRESS	<b>1905 TRADEWINDS CIRCLE</b>	
CITY - ST - ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, AUDREY L</b>	
STREET ADDRESS	<b>449 LAKE OF THE WOODS DRIVE</b>	
CITY - ST - ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEIGMAN, GEORGE</b>	
STREET ADDRESS	<b>7432 BROOKHAVEN TER</b>	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCNAMAMY, RUSSELL</b>	
STREET ADDRESS	<b>1204 SUNRISE ROAD</b>	
CITY - ST - ZIP	<b>VENICE FL 34293</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>THACKARA, LORRAINE</b>
3.3 STREET ADDRESS	<b>333 Redwood Road</b>
3.4 CITY - ST - ZIP	<b>Venice, FL 34293</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SCIORTINO, LUCY</b>
5.3 STREET ADDRESS	<b>1148 Royal Road</b>
5.4 CITY - ST - ZIP	<b>Venice, FL 34293</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>MURRAY, RITA</b>
6.3 STREET ADDRESS	<b>1070 S. Venice Blvd.</b>
6.4 CITY - ST - ZIP	<b>Venice, FL 34293</b>

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: **KARL A. KING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/96

941-497-2844

Date

Daytime Phone #

CR2E037 (12/95)