

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 024 ****61.25

DOCUMENT # N06000008196

1. Entity Name
J.P. SOCIAL CLUB INC.



Principal Place of Business
4040 SOUTEL DRIVE 1580 West 36th St
JACKSONVILLE, FL 32208 Jacksonville, FL 32209

Mailing Address
4040 SOUTEL DRIVE 1580 West 36th St
JACKSONVILLE, FL 32208 Jacksonville, FL 32209

40033400



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

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 103-0613979	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MINCEY, JESSE L~~ Carlos Mabley
4040 SOUTEL DRIVE 1580 West 36th St
JACKSONVILLE, FL 32208 Jacksonville, FL 32209

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

Filing Fee is \$61.25
Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	MOBLEY, CARLOS	
STREET ADDRESS	1580 WEST 36 ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MINCEY, DAVID	
STREET ADDRESS	796 PERRYMAN LANE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CHARLENE	
STREET ADDRESS	1457 WEST 26TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINCEY, Arthur	
STREET ADDRESS	4441 Fredericksburg Av Jacksonville FL	
CITY-ST-ZIP	32208	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Claude He	
STREET ADDRESS	4332 Queensway Dr	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mincey, Jesse	
STREET ADDRESS	2939 Ribault Scenic Dr Jacksonville FL	
CITY-ST-ZIP	32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Carlos Mabley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/28/07 Daytime Phone #