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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIV. OF CORPORATIONS
95 JUN -7 AM 8:11

DOCUMENT # **N07524** **(4)**

1. Corporation Name

NORTHEAST FLORIDA VETERANS COUNCIL, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
421 WEST CHURCH STREET SUITE 108-09 JACKSONVILLE FL 32202-1111	421 WEST CHURCH STREET SUITE 108-09 JACKSONVILLE FL 32202-1111

3. Date Incorporated or Qualified: 02/07/1985
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2525999 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOODE, VANCE A., JR.
421 WEST CHURCH STREET
SUITE 108
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: VANCE A. GOODE, JR. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	CD ☑ Change ☐ Addition
NAME	SAWLEY, ELBERT W. JR.	12 NAME	SULLIVAN, JR., OSCAR
STREET ADDRESS	6023 JAGUAR DR. WEST	13 STREET ADDRESS	1565 WEST 7th STREET
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	KLINIKOWSKI, BARRY H.	22 NAME	
STREET ADDRESS	7673 BLANDING BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	SVD	31 TITLE	SVD ☑ Change ☐ Addition
NAME	WATSON, JOHN A., JR.	32 NAME	PADGETT, JR., ROBERT C.
STREET ADDRESS	1435 GROTHE ST.	33 STREET ADDRESS	3825 RODBY DR.
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD	41 TITLE	SD ☑ Change ☐ Addition
NAME	PAPEL, NESTOR I.	42 NAME	KLINIKOWSKI, MARTHA A.
STREET ADDRESS	10335 RIPPLE RUSH DR., W	43 STREET ADDRESS	1928 CHOCTAW TRAIL
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, BARBARA T.	52 NAME	
STREET ADDRESS	3846 SUDBURY AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	CD ☑ Change ☐ Addition
NAME	GREBLER, MARCUS	62 NAME	KMIEC, EDWARD M.
STREET ADDRESS	1220 BRETTA ST.	63 STREET ADDRESS	4647 SCARLET CT.
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE, FL 32210

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 above, or on an attachment with an address.

SIGNATURE: Oscar Sullivan, Jr. OSCAR SULLIVAN, JR. May 22, 1995 354-3278-EXT 190 W 355-5483 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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