

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07524 (4)**

1. Corporation Name

NORTHEAST FLORIDA VETERANS COUNCIL, INCORPORATED



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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
02/07/1985

3a. Date of Last Report
06/02/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODE, VANCE A., JR.
421 WEST CHURCH STREET
SUITE 108
JACKSONVILLE FL 32202**

81 Name

SULLIVAN, JR. OSCAR L.

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

1565 WEST 7TH STREET

83

84 City

JACKSONVILLE

FL

85 Zip Code
32209

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

Oscar L. Sullivan, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 25, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CD	SULLIVAN, OSCAR JR	1565 WEST 7TH ST	JACKSONVILLE FL	<input type="checkbox"/>
VCD	KLINIKOWSKI, BARRY H.	7673 BLANDING BLVD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
SVD	PADGETT, JR R	3825 RODDY DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>
SD	KLINIKOWSKI, MARTHA A	1928 CHOCTAW TRAIL	MIDDLEBURG FL	<input checked="" type="checkbox"/>
TD	WHITE, BARBARA T.	3846 SUDBURY AVE.	JACKSONVILLE FL	<input type="checkbox"/>
CD	KMIEC, EDWARD M	4647 SCARLET CT	JACKSONVILLE FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VCD	PADGETT, JR. R	3825 RODDY DR.	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>
SVD	SAWLEY, JR. S. W	PO BOX 368 WHITEHOUSE, FL	32220-0368	<input checked="" type="checkbox"/>
SD	GUEST, Fred	10928 ALOHA DR.	JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>

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:

Oscar L. Sullivan, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 25, 1996
DATE
354-3278-161
Daytime Phone #

CR2E037 (3/96)