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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
DIVISION OF CORPORATIONS
95 APR 13 PM 3:03

DOCUMENT # N10923 (3)

1. Corporation Name
THE ST JOHNS RIVER VALLEY CHAPTER, INC.

Principal Place of Business	Mailing Address
198 MANGO DR. P.O.BOX 14 PALATKA FL 32178-0014	198 MANGO DR. P.O.BOX 14 PALATKA FL 32178-0014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1985
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2941891 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 198 MANGO DR	26 P.O.BOX 14
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PalatKA, Florida	28 City & State: Palatka, Florida
24 Zip: 32177 25 Country: USA	29 Zip: 32178-0014 30 Country: USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS, HERBERT L. 198 MANGO DR. PALATKA FL 32177	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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	EASTMORE, GENE	12 NAME	
STREET ADDRESS	2210 PALMA CEIN ST	13 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JORDAN, CLARENCE E.	22 NAME	
STREET ADDRESS	290 RIVER DR	23 STREET ADDRESS	
CITY-ST-ZIP	E. PALATKA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	MILLER, HERBERT	32 NAME	ST MILLER, Herbert
STREET ADDRESS	108 MAGNOLIA DR.	33 STREET ADDRESS	108 Magnolia DR
CITY-ST-ZIP	E PALATKA FL	34 CITY ST ZIP	E Palatka, FL
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	BOUCHER, JOSEPH	42 NAME	
STREET ADDRESS	242 PORT COMFORT DR.	43 STREET ADDRESS	
CITY-ST-ZIP	E. PALATKA FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☒ Change ☐ Addition
NAME	SHAW, MARY	52 NAME	
STREET ADDRESS	122 GRAINGER LN	53 STREET ADDRESS	delete
CITY-ST-ZIP	PALATKA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☒ Change ☒ Addition
NAME		62 NAME	D Darden, William
STREET ADDRESS		63 STREET ADDRESS	1120 Westover DR
CITY-ST-ZIP		64 CITY-ST-ZIP	Palatka, FL

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: Herbert H. Miller Herbert H. Miller 4/6/95 904 325-2597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002A46