

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 # N10923 (3)

1. Corporation Name

THE ST JOHNS RIVER VALLEY CHAPTER, INC.

Principal Place of Business

Mailing Address

198 MANGO DRIVE
P.O. BOX 14
PALATKA FL 32177
US

P.O. BOX 14
P.O. BOX 14
PALATKA FL 32178-0014
US



3. Date Incorporated or Qualified
08/29/1985

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2941891

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME EASTMORE, GENE
STREET ADDRESS 2210 PALMA CEIN ST
CITY-ST-ZIP PALATKA FL

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Carlos Fletcher
1.3 STREET ADDRESS RT #5 Box 453 (195 Horsemans Club Rd.)
1.4 CITY-ST-ZIP Palatka FL 32177

TITLE D ☒ DELETE
NAME JORDAN, CLARENCE E.
STREET ADDRESS 290 RIVER DR
CITY-ST-ZIP E. PALATKA FL

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME VIRGIL KUMMERD
2.3 STREET ADDRESS 200 Putnam Ave
2.4 CITY-ST-ZIP E. Palatka FL 32131

TITLE ST ☐ DELETE
NAME MILLER, HERBERT
STREET ADDRESS 108 MAGNOLIA DR.
CITY-ST-ZIP E PALATKA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME BOUCHER, JOSEPH
STREET ADDRESS 242 PORT COMFORT DR.
CITY-ST-ZIP E. PALATKA FL

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DARDEN, WILLIAM
STREET ADDRESS 1120 WESTOVER DRIVE
CITY-ST-ZIP PALATKA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (904) 325-7597

Date

Daytime Phone #

CR2E037 (12/95)