

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USP.O. BOX 14
P.O. BOX 14
PALATKA FL 32178-0014
US3. Date Incorporated or Qualified
08/29/19853a. Date of Last Report
03/26/1996

4. FEI Number

59-2941891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 ~~Vice President~~ ☒ DELETE
NAME FLETCHER, CARLOS
STREET ADDRESS RT 5, BOX 453, 195 HORSEMANS CLUB RD
CITY-ST-ZIP PALATKA FLTITLE ~~D~~ ☒ DELETE
NAME KUMMERO, VIRGIL
STREET ADDRESS 200 PUTNAM AVE
CITY-ST-ZIP E. PALATKA FLTITLE ~~ST~~ ☐ DELETE
NAME MILLER, HERBERT
STREET ADDRESS 108 MAGNOLIA DR.
CITY-ST-ZIP E. PALATKA FLTITLE ~~D~~ ☒ DELETE
NAME BOUCHER, JOSEPH
STREET ADDRESS 242 PORT COMFORT DR.
CITY-ST-ZIP E. PALATKA FLTITLE ~~D~~ ☐ DELETE
NAME DARDEN, WILLIAM
STREET ADDRESS 1120 WESTOVER DRIVE
CITY-ST-ZIP PALATKA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Randall Revels
1.3 STREET ADDRESS 316 N 3RD ST
1.4 CITY-ST-ZIP Palatka, FL 321772.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME William Eason
2.3 STREET ADDRESS HCR 3 Box 1404A
2.4 CITY-ST-ZIP SATSUMA, FL 321893.1 TITLE ~~Peggy Campbell~~ ☐ Change ☒ Addition
3.2 NAME Director
3.3 STREET ADDRESS RT 3 Box 43
3.4 CITY-ST-ZIP E. Palatka, FL 321314.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Charles Myers
4.3 STREET ADDRESS 244 Crystal Cove Rd
4.4 CITY-ST-ZIP Palatka, FL 321775.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Shirley Nixon
5.3 STREET ADDRESS 1100 N Summit St
5.4 CITY-ST-ZIP Crescent City, FL 321126.1 TITLE Vice President ☒ Change ☐ Addition
6.2 NAME Carlos Fletcher
6.3 STREET ADDRESS 195 Horsemans Club Rd
6.4 CITY-ST-ZIP Palatka, FL 32178

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/3/97 904 325 7597
Date Daytime Phone

CR2E037 (9/96)