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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12515** (5)

1. Corporation Name
THE MAYPORT CHAPTER (TROA), INC.



Principal Place of Business PO BOX 330791 ATLANTIC BCH FL 32233-0791 US	Mailing Address PO BOX 330791 ATLANTIC BCH FL 32233-0791 US
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3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2132891	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. 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

**BAKER, HENRY A
5505 RIGEL CT
ATLANTIC BEACH FL 32233-4581**

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 *Henry A. Baker* DATE *Jan 9 1997*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME HUMES, JAMES J.		1.2 NAME	
STREET ADDRESS 5 SPYGLASS LN		1.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-3719		1.4 CITY-ST-ZIP	
TITLE VPD	☒ DELETE	2.1 TITLE VPD	☐ Change ☒ Addition
NAME MERGE, HENRY		2.2 NAME	
STREET ADDRESS 104 FLEET LANDING BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTIC BEACH FL		2.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BAKER, HENRY A.		3.2 NAME	
STREET ADDRESS 5505 RIGEL CT		3.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTIC BEACH FL 32233-4581		3.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME HOUSTON, RICHARD M		4.2 NAME	
STREET ADDRESS 11248 CABOOSE CT		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32257-1462		4.4 CITY-ST-ZIP	
TITLE VPD	☒ DELETE	5.1 TITLE VPD	☐ Change ☒ Addition
NAME DOUGHERTY, CLARK E		5.2 NAME	
STREET ADDRESS 144 AZELEA POINT DR N		5.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	
TITLE PD	☒ DELETE	6.1 TITLE PD	☐ Change ☒ Addition
NAME LANE, GYNN Q		6.2 NAME	
STREET ADDRESS 1205 TRAILWOOD DR		6.3 STREET ADDRESS	
CITY-ST-ZIP NEPTUNE BEACH FL		6.4 CITY-ST-ZIP	

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: *Henry A. Baker* **HENRY A. BAKER** JAN 9, 1997 (904) 270-0335

CR2E037 (9/96)