2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State
05-12-2003 90192 018 ****61.25

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DOCUMENT # N25809

1. Entity Name
WEST JACKSONVILLE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10287 SHADY CREST LN JACKSONVILLE FL 32221 US	10287 SHADY CREST LANE JACKSONVILLE FL 32221 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10467 HAMLET TCE Suite, Apt. #, etc.	10467 HAMLET TCE Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32221 Country:	Zip: 32221 Country:

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, TIM L 10343 SHADY CREST LN JAX FL 32221	Name: JUDY TAYLOR Street Address (P.O. Box Number is Not Acceptable): 10467 HAMLET TCE City: JACKSONVILLE FL Zip Code: 32221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Judy H. Taylor JUDY H. TAYLOR, PRESIDENT May 10, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, TIM L 10343 SHADY CREST LN JAX FL	☑ Delete	D WILLIAM CASSIDY 618 BLAIR RD JACKSONVILLE, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, MADISON 10287 SHADY CREST LANE JACKSONVILLE FL	☑ Delete	D JERRY GARTMAN 10465 LEGG DR. JACKSONVILLE, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTEAN, JOHN 408 HAMLET ROAD JACKSONVILLE FL	☐ Delete	P JOHN DUNN 10208 SHADY CREST LN JACKSONVILLE, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, JUDY 10467 HAMLET TERRACE JACKSONVILLE FL 32221	☑ Delete	P JUDY TAYLOR 10467 HAMLET TCE JACKSONVILLE, FL 32221	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTEAN, RICHARD 402 HAMLET ROAD JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6/4/2003 (904) 781-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John B. Dunn JOHN B. DUNN