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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 JAN 23 AM 9:06

DOCUMENT # N26903 (7)

1. Corporation Name
PWA COALITION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1628 SAN MARCO BLVD STE 5 JACKSONVILLE FL 32207	1628 SAN MARCO BLVD STE 5 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1988
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2943691 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1628 San Marco Blvd.	26 1628 San Marco Blvd.
Suite, Apt. #, etc. 22 Suite #4	Suite, Apt. #, etc. 27 Suite #4
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

5. Certificate of Status Desired: XX — $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: XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALFORD, F S JEROME 1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223	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 F.S. Jerome Alford January 17, 1995
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	ED	1.1 TITLE		☐ Change ☐ Addition
NAME	ALFORD, F S JEROME	1.2 NAME		
STREET ADDRESS	1819 PLANTATION OAKS DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILL FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	NIEWMANN, RICHARD	2.2 NAME		
STREET ADDRESS	1118 NIRA STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	MICH, FREDERICK	3.2 NAME		
STREET ADDRESS	1118 NIRA STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	DS (delete)	XX Change ☐ Addition
NAME	SHIPLEY, ARLENE	4.2 NAME	Shipley, Arlene	
STREET ADDRESS	850 WATERMAN ROAD N	4.3 STREET ADDRESS	850 Waterman Road N.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this annual 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 12 or Block 13 with respect to my position with or relation

SIGNATURE: F.S. JEROME ALFORD January 17, 1995 (904) 398-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D025068