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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 07 1996 8:00 am  
Secretary of State

DOCUMENT # N26903 (7)

1. Corporation Name

PWA COALITION OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

1628 SAN MARCO BLVD  
STE 4  
JACKSONVILLE FL 32207  
US

1628 SAN MARCO BLVD  
STE 4  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

2a. Mailing Address

21 2257 Riverside Avenue

26 2257 Riverside Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Jacksonville, FL

28 Jacksonville, FL

24 32204 25 Duval

29 32204 30 Duval

9. Name and Address of Current Registered Agent

ALFORD, F S JEROME  
1819 PLANTATION OAKS DRIVE  
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified

06/10/1988

3a. Date of Last Report

01/23/1995

4. FEI Number

59-2943691

Applied For

Not Applicable

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

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 filer (applicant)

(If filer is Registered Agent, signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ED  
NAME ALFORD, F S JEROME  
STREET ADDRESS 1819 PLANTATION OAKS DRIVE  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D  
NAME NIEWMANN, RICHARD  
STREET ADDRESS 1118 NIRA STREET  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE DT  
NAME MICH, FREDERICK  
STREET ADDRESS 1118 NIRA STREET  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D  
NAME SHIPLEY, ARLENE  
STREET ADDRESS 850 WATERMAN ROAD N  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D  
NAME Robert Holley  
STREET ADDRESS 4142 McGirts Blvd  
CITY-STATE-ZIP Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Niemann, Director of Agency Development

DATE

Daytime Phone

1/31/96 804-387-2992

CR2E037 (12/95)