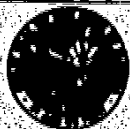


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 11:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N30375 (2)**

1. Corporation Name

**JACKSONVILLE COALITION AGAINST PORNOGRAPHY, INC.**

Principal Place of Business

Mailing Address

**C/O SIMON A. SMITH, JR.  
524 STOCKTON STREET  
JACKSONVILLE FL 32204-2535**

**C/O SIMON A. SMITH, JR.  
524 STOCKTON STREET  
JACKSONVILLE FL 32204-2535**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1989**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**59-2926577**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, SIMON A. JR.  
524 STOCKTON STREET  
JACKSONVILLE FL 32204**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

**WINGE, CHARLES**

STREET ADDRESS

**5233 COMMONWEALTH AVE.**

CITY - ST - ZIP

**JACKSONVILLE FL 32254**

TITLE

VD

NAME

**MILNE, DOUGLAS**

STREET ADDRESS

**4585 LAXINGTON AV ST 100**

CITY - ST - ZIP

**JACKSONVILLE FL 32210**

TITLE

TD

NAME

**BROOKS, WAYNE**

STREET ADDRESS

**11222-7 ST. JOHN IND.PKW**

CITY - ST - ZIP

**JACKSONVILLE FL 32216**

TITLE

SD

NAME

**HANKINS, DOLORES**

STREET ADDRESS

**1505 BLOOMINGTON ROAD**

CITY - ST - ZIP

**JACKSONVILLE FL 32221**

TITLE

**EXEC COORDINATOR**

NAME

**SMITH, SIMON A. JR.**

STREET ADDRESS

**524 STOCKTON ST.**

CITY - ST - ZIP

**JAX, FL, 32204**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an addendum.

SIGNATURE:

*Simon A. Smith Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**3/29/95 904-388-9200**  
DATE TELEPHONE #