

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
01/27/1989

3a. Date of Last Report
04/18/1995

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

8. 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

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 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 title if applicable

Signature: Registered Agent signature (typed or printed name of the agent)

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

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE VD
NAME MILNE, DOUGLAS
STREET ADDRESS 4595 LAXINGTON AV ST 100
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE TD
NAME BROOKS, WAYNE
STREET ADDRESS 11222-7 ST. JOHN IND.PKW
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

31 TITLE ☐ Change ☐ Addition

TITLE SD
NAME HANKINS, DOLORES
STREET ADDRESS 1505 BLOOMINGTON ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

41 TITLE ☐ Change ☐ Addition

TITLE C
NAME SMITH, SIMON A JR.
STREET ADDRESS 524 STOCKTON ST.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

51 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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

3/25/96

904-388-9200
Daytime Phone

CR2E037 (12/95)