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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified 01/27/1989  
3a. Date of Last Report 03/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2926577	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

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

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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGE, CHARLES	1.2 NAME	
STREET ADDRESS	5233 COMMONWEALTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNE, DOUGLAS	2.2 NAME	
STREET ADDRESS	4595 LAXINGTON AV ST 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32238	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, WAYNE	3.2 NAME	
STREET ADDRESS	11222-7 ST. JOHN IND.PKW	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, DOLORES	4.2 NAME	
STREET ADDRESS	1505 BLOOMINGTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SIMON A JR.	5.2 NAME	
STREET ADDRESS	524 STOCKTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204.	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 SIMON A. SMITH JR. 11/9/96 044 259-9200

CR2E037 (9/96)