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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32109

1. Corporation Name

THE TRAFFIC CLUB OF JACKSONVILLE, INC.

Principal Place of Business

PO BOX 9147
JACKSONVILLE FL 32208

Mailing Address

PO BOX 9147
JACKSONVILLE FL 32208



2. Principal Place of Business

21 same as above

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/04/1989

4. FEI Number

59-6152371

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

9. Name and Address of Current Registered Agent

**VALARIE S BRANNON
1832 E BEAVER ST
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name **Vivian Patterson**

82 Street Address (P.O. Box Number is Not Acceptable)
4811 Beach Boulevard, Ste 404

83

84 City **Jacksonville**

FL

85 Zip Code
32207

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

Vivian A. Patterson

5/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE
NAME **VALARIE S BRANNON**
STREET ADDRESS **1832 E BEAVER ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE
NAME **SHULTZ, WILLIAM**
STREET ADDRESS **3404 CLIFFORD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **VP** ☐ DELETE
NAME **FOLLADORI, JAY**
STREET ADDRESS **4057 CARMICHAEL AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☒ DELETE
NAME **DENNARD, JAMES**
STREET ADDRESS **2395 SAULS CIRCLE**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **D** ☐ DELETE
NAME **YOW, CHARLES**
STREET ADDRESS **720 SCOTIA ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **D** ☐ DELETE
NAME **ALICE LIVINGSTON**
STREET ADDRESS **PO BOX 3005 N/A**
CITY-ST-ZIP **JACKSONVILLE FL**

13.

1.1 TITLE **ST** ☐ Change ☒ Addition
1.2 NAME **Vivian Patterson**
1.3 STREET ADDRESS **4811 Beach Boulevard, Ste 404**
1.4 CITY-ST-ZIP **Jacksonville, Florida 32207**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **720 Scotia Road**
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Jacksonville, Florida 32206**

14. I 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, with all other like empowered.

SIGNATURE:

Vivian A. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/99 (904)396-3259
Daytime Phone #

CR2E037 (11/98)

0004934

Doc # N32104
567750-90034-10

(Continued)

Officers & Directors

Title: D
Name: Frances Williams
Street Address: 1715 Hodges Boulevard, Apt# 3323
Jacksonville, Florida 32224

Title: D
Name: Kendra Tanner
Street Address: 2120 Lane Avenue North
Jacksonville, Florida 32254

Title: D
Name: Hubert Haworth
Street Address: 720 Scotia Road
Jacksonville, Florida 32254

Title: D
Name: Bill Wheless
Street Address: P.O. Box 40669
Jacksonville, Florida 32254

Title: D
Name: James Barry
Street Address: 6267 Dupont Station Ct.
Jacksonville, Florida 32217

Title: D
Name: Art Jones
Street Address: 4313 Teenie Street
Jacksonville, Florida 32207