

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:19

DOCUMENT # N38634 (4)

1. Corporation Name

**CHEMICAL PEOPLE TASK FORCE OF FERNANDINA BEACH,
INC.**

Principal Place of Business

Mailing Address

**% BRIAN D MORRISSEY
POST OFFICE BOX 1484
FERNANDINA BEACH FL 32034-4241**

**% BRIAN D MORRISSEY
POST OFFICE BOX 1484
FERNANDINA BEACH FL 32034-4241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1990** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-3023353** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISSEY, BRIAN D
406 ASH ST
FERNANDINA BEACH FL 32034**

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **COOK, DOROTHY L**
STREET ADDRESS **64 OAK LANE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD**
NAME **GREESON, T J**
STREET ADDRESS **205 N 15TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE **TD**
NAME **JOHNS, JERI**
STREET ADDRESS **4925 ISLAND LANE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE **SD**
NAME **OWENS, SHIRLEY**
STREET ADDRESS **211 LIGHTHOUSE CIRCLE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(g), 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: Jeri Johns **Jeri Johns**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/95

(Date)

904 321 5740

(Telephone Number)