

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 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40296 (8)

1. Corporation Name

JUJUTSU INTERNATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2797 PELHAM RD N
ST PETERSBURG FL 33710**

**2797 PELHAM RD N
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3070221

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, DON
2797 PELHAM RD N
ST PETERSBURG FL 33710**

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	BLACK, DON
STREET ADDRESS	2797 PELHAM RD N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD
NAME	BLACK, JUDY E
STREET ADDRESS	2797 PELHAM RD N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	VD
NAME	BLACK, CANDICE C.
STREET ADDRESS	P.O. BOX 6025
CITY - ST - ZIP	UNIVERSITY MS 38672
TITLE	VD
NAME	BLACK, CHRISTINE P.
STREET ADDRESS	P.O. BOX 6251
CITY - ST - ZIP	UNIVERSITY MS 38877
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	NO LONGER ON BOARD OF DIRECTORS
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	ROUTE 3 Box 217F
4.3 STREET ADDRESS	WATER VALLEY MS 38965
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Don Black President

4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Optional Phone #)