## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43194

SWEETWATER AND CONCERNED CITIZENS COMMUNITY ASSOCIATION INC.

Principal Place of Business 6974 WILSON BLVD

Principal Place of Business

iacksonville fl 32210

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

7176 MATTHEW STREET JACKSONVILLE FL 32210

## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90011 041 \*\*\*\*70.00



573-1679

3. Date Incorporated or Qualifed

04/25/1991

4. FEI Number

	State	27			59-3135430		<b>⊢</b> ∔	Applied Fo	
City & State		City & State	City & State		<del></del>			Not Applica	
Zip	Country	28			5. Certifcate of Status De	esired 🔽		5 Additiona Required	
	25	Zip		untry	6. Election Campaign Fin	ancing			
9. Name and Address of Current Registered Agent			30		Trust Fund Contribution			\$5.00 May Be Added to Fees	
	NOT SEE THE	tegistered Agent			10. Name and Address o	f New Registers	Auge tenA he	J to Fees	
mic.				81 Name			o Agent	<del></del>	
AILLO, I	GENELLAM MASO COMMANDA CASTA CASTA	With the con-	4 4 4	82 Street Add	troop /D O Day Mark				
		and the state of the		Oliobi Add	dress (P.O. Box Number is Not	Acceptable)			
ACK2C	NVILLE FL 32244			83			·		
		84 City							
Pureum	of to the provisions of O				, ,	E		Code	
office of	nt to the provisions of Sections 617.0502 ar r registered agent, or both, in the State of F am familiar with, and accept the obligation	nd 617.1508, Florida Stat	utes, the al	ove-named con	poration submits this statement	for the re-	<u> </u>	18 to \$100 town	
agent. I	am familiar with, and accept the obligation	s of, Section 617.0503, F	authorized Iorida Stati	by the corporati					
NATUR	= · · ·				The Angle of The Control				
<del></del>	Signature, typed or printed name of registered agent and	title if applicable. (NO	E: Registered	Agent signature require	of when rainstation)	<u> </u>	<u> </u>		
	OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES	DATE TO OFFICERS A	ND DIDECT	ODC (A) 40	
	1.5	☐ DELETE 1.1 TIT		E	1.341	- CONTIONE A	Change		
FADDRES:	JOHNSON, CURTIS		1.2 NAME			•	CT Cliange	Addit	
	7176 MATTHEW ST.		1.3 STR	EET ADDRESS					
T-ZIP	JACKSONVILLE FL 32210			(-ST-ZIP					
	1	☐ DELETE	2.1 TITL	E			ПС		
ADDRESS	GEORGE, RUBY R.		2.2 NAM	E [			☐ Change	☐ Additi	
-	LIND FOUL OWEEL	* *	2.3 STR	EET ADDRESS		•			
-ZIP	JACKSONVILLE FL 32210	<u> </u>	2.4 CITY	r-ST-ZIP			•		
Noos	1 🕶	☐ DELETE	3.1 TITLE						
NEE H	HOWARD, MARY M.		3.2 NAME				Change	Addition	
ZIP	7231 LUKE STREET	•	3.3 STRE	ET ADDRESS				,	
ZIP() (3)	JACKSONVILLE FL 32210		3.4. CITY	-ST-ZIP			;		
		☐ DELETE	4.1 TITLE			<del>-</del>	Chonn	7 1 2	
DDRESS	MILLS, GENELL M.	TO SERVED	4. 2 NAMI	E			☐ Change	Addition	
ZIP	COST WILL LE IA	a er jih i er	4.3 STRE	ETADDRESS			· · · · · · · · · · · · · · · · · · ·	196.187	
	JACKSONVILLE FL 32244		4.4 CITY-	ST-ZIP					
ł		☐ DELETE	5.1 TITLE			<u>* * * * * * * * * * * * * * * * * * * </u>	Channe	145.15%	
DDRESS	·		5.2 NAME	ŀ			☐ Change	Addition	
	PD		5.3 STREE	T ADDRESS	•				
	3000 NO		5.4 CITY-5	ST-ZIP	M. Att				
1	1178 V 0 1990 H	☐ DELETE	6.1 TITLE				Chance		
	MERCO MILE SAL		6.2 NAME	1			Change	☐ Addition	
	and the common of the common o		6.3 STREE	TADDRESS		•			
DORESS	VD								