

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N45226** (0)

1. Corporation Name

JACKSONVILLE BEACH PATROL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**500 WONDERWOOD DR.
JACKSONVILLE FL 32233**

**500 WONDERWOOD DR.
JACKSONVILLE FL 32233**

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 330332

26 P.O. BOX 330332

4. FEI Number

59-3088971

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 ATLANTIC BEACH, FL

City & State
28 ATLANTIC BEACH, FL

Zip
24 32233

Country
25 USA

Zip
29 32233

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MC MENAMY, WILLIAM B.
200 W. FORSYTH ST.
SUITE 1400
JACKSONVILLE FL 32202**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WATSON, RONALD R.
500 WONDERWOOD DR.
JACKSONVILLE FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**P.O. BOX 330332
ATLANTIC BEACH, FL 32233**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KIRBY, LARRY J.
4143 SEABREEZE DR.
JACKSONVILLE FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**500 WONDERWOOD DRIVE
JACKSONVILLE, FL 32233**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FALK, HARRY R.
500 WONDERWOOD DR.
JACKSONVILLE FL**

☒ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HUTTO, M.C.
500 WONDERWOOD DRIVE
JACKSONVILLE FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**STD
1628 THIRD AVE NO.
JACKSONVILLE BEACH, FL 32250**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. C. HUTTO, SEC'Y/TREAS

1-25-96

CR2E037 (12/95)