

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48452** (9)
1. Corporation Name
CENTRE STREET BUSINESS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 283 FERNANDINA BEACH FL 32034	Mailing Address P.O. BOX 283 FERNANDINA BEACH FL 32035-0283
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3. Date Incorporated or Qualified 04/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3123588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MURPHY, TRAVIS M.
205 1/2 CENTRE STREET
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, FRANZ	1.2 NAME	ABSALOM ANSLEY, JR.
STREET ADDRESS	215 CENTRE ST.	1.3 STREET ADDRESS	1816 S. FLETCHER AVE.
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, BETH	2.2 NAME	STEPHEN COLWELL
STREET ADDRESS	3 N. 4TH ST.	2.3 STREET ADDRESS	218 CENTRE ST.
CITY-ST-ZIP	FERNANDINA BCH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAN, JOAN	3.2 NAME	CHERYL CALDWELL
STREET ADDRESS	25 N. 3RD ST.	3.3 STREET ADDRESS	114 CENTRE ST.
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DAN	4.2 NAME	
STREET ADDRESS	520 CENTRE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MOLLY KINNEY
STREET ADDRESS		5.3 STREET ADDRESS	308 CENTRE ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **4-30-97** Daytime Phone # **0000293**

CR2E037 (9/96)