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 # **N93000000229 (5)**

1. Corporation Name

THE ST. JOHN'S HISTORICAL EVENT CORPORATION

Principal Place of Business
10952 PERCHERON DRIVE
JACKSONVILLE FL 32257

Mailing Address
10952 PERCHERON DRIVE
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 11374 WEEDEN ISLANDWAY
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL
24 Zip: 32225
25 Country: USA

2a. Mailing Address
26 11374 WEEDEN ISLAND WAY
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE FL
29 Zip: 32225
30 Country: USA

4. FEI Number: 59-3174233 — 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

9. Name and Address of Current Registered Agent

EVANS, MARK R
10952 PERCHERON DRIVE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: BONDI, GAIL
82 Street Address (P.O. Box Number is Not Acceptable): 11374 WEEDEN ISLAND WAY
83
84 City: JACKSONVILLE FL
85 Zip Code: 32225

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 617.0508, Florida Statutes.

SIGNATURE: T/D — 7 FEBRUARY 1996
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	PDT	☐ DELETE	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	EVANS, MARK R		1.2 NAME	BONDI, GAIL	
STREET ADDRESS	10952 PERCHERON DR		1.3 STREET ADDRESS	11374 WEEDEN ISLAND WAY	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VD	☐ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	LECLERE, WILLIAM		2.2 NAME	SNEED, EMMETT	
STREET ADDRESS	3772 FOREST BLVD		2.3 STREET ADDRESS	5640 WILTSHIRE STREET	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VD	☐ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BATTAGLIA, JULIENNE		3.2 NAME	SNEED, DENISE	
STREET ADDRESS	5911 COLIMA PLACE		3.3 STREET ADDRESS	5640 WILTSHIRE STREET	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	AD	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WADE, CYNTHIA		4.2 NAME	WADE, CYNTHIA	
STREET ADDRESS	2762 VERNON TERRACE #5		4.3 STREET ADDRESS	1002 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32204-4204	
TITLE		☐ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME			5.2 NAME	ERNOEHAZY, WILLIAM, JR.	
STREET ADDRESS			5.3 STREET ADDRESS	11374 WEEDEN ISLAND WAY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: T/D — 7 FEBRUARY 1996 — (904)642-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)