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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000229 (5)

1. Corporation Name

THE ST. JOHN'S HISTORICAL EVENT CORPORATION

Principal Place of Business

Mailing Address

11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225
US

11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225-4042
US



3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
02/14/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONDI, GAIL
11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225

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 PD
NAME EVANS, MARK R
STREET ADDRESS 10952 PERCHERON DR
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE VD
NAME LECLERE, WILLIAM
STREET ADDRESS 3772 FOREST BLVD
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE VD
NAME BATTAGLIA, JULIENNE
STREET ADDRESS 5911 COLUMA PLACE
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE PD
NAME WADE, CYNTHIA
STREET ADDRESS 2762 VERNON TERRACE #5
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE TD
NAME BONDI, GAIL
STREET ADDRESS 11374 WEEDEN ISLAND WAY
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE VD
NAME SNEED, EMMETT
STREET ADDRESS 5640 WILTSHIRE ST
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ DELETE

1.1 TITLE DS
1.2 NAME DENISE SNEED
1.3 STREET ADDRESS 5640 WILTSHIRE ST.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME WILLIAM S. ERUDEHAZY, Jr.
2.3 STREET ADDRESS 11374 Weeden Island Way
2.4 CITY-ST-ZIP Jacksonville, FL 32225 ☐ Change ☒ Addition

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1002 Barrs St.
4.4 CITY-ST-ZIP Jacksonville, FL 32204

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 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 any attachment with an address.

CR2E037 (9/96)