

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 # **N93000001676 (6)**

1. Corporation Name

**FOURTH JUDICIAL CIRCUIT CITIZENS REVIEW ADVISORY
BOARD, INC.**

Principal Place of Business

**333 EAST BAY ST.
JACKSONVILLE FL 32202**

Mailing Address

**333 EAST BAY ST.
JACKSONVILLE FL 32202**



3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

02/20/1995

4. FEI Number

59-3201304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

**PITTMAN, JEANNE R
333 EAST BAY ST.
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Jeanne R. Pittman

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 24, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PATE, DOROTHY H**
CITY-ST-ZIP **333 EAST BAY ST.
JACKSONVILLE FL 32202**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **COLEMAN, HELENE**
CITY-ST-ZIP **333 EAST BAY ST.
JACKSONVILLE FL 32202**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **TISCHLER, MARION**
CITY-ST-ZIP **333 E BAY ST
JACKSONVILLE FL 32202**

TITLE ☐ DELETE
NAME **M**
STREET ADDRESS **PITTMAN, JEANNE R**
CITY-ST-ZIP **333 EAST BAY ST.
JACKSONVILLE FL 32202**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BRANDVOLD, THOMAS**
CITY-ST-ZIP **333 EAST BAY ST.
JACKSONVILLE FL 32202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

Jeanne R. Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 24, 1996 (904) 630-2300

CR2E037 (12/95)