

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004789 (4)

1. Corporation Name

FORT GEORGE ISLAND GOLF ASSOCIATION, INC.



Principal Place of Business

**541 VERA DR.
JACKSONVILLE FL 32218**

Mailing Address

**541 VERA DR.
JACKSONVILLE FL 32218**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3246633

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

10. Name and Address of New Registered Agent

BERRYMAN, JOSEPH

541 VERA DR.

JACKSONVILLE FL 32218

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

TITLE ☐ DELETE

NAME **D KING, JOHN P**
STREET ADDRESS **111 FLORIDA BLVD.**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE ☐ DELETE

NAME **D BARR, ALLEN**
STREET ADDRESS **10417 PIEDMONT RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ DELETE

NAME **D ELINSKY, CHARLES**
STREET ADDRESS **3389 CHEYENNE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32233**

TITLE ☐ DELETE

NAME **D TOMBERLIN, DAWN**
STREET ADDRESS **5690 CEDAR POINT RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ DELETE

NAME **D GUY, JAMES**
STREET ADDRESS **5939 ROOSEVELT BLVD., APT. 52**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ DELETE

NAME **D BERRYMAN, JOSEPH**
STREET ADDRESS **541 VERA DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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:

Joseph D Berryman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 (904) 965-1381

Date

Daytime Phone #

CR2E037 (12/95)