

# 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 # N94000001106 (3)**

1. Corporation Name

**JUNIOR ACHIEVEMENT OF JACKSONVILLE, INCORPORATED**



Principal Place of Business

Mailing Address

2002 SOUTHSIDE BLVD  
JACKSONVILLE FL 32216  
US

2002 SOUTHSIDE BLVD.  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

02/23/1995

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

REYNOLDS, GAYLE M  
2002 SOUTHSIDE BLVD  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

Dennis P. Gilfoyle

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

2002 Southside Blvd.

83

84 City

Jacksonville

FL

85 Zip Code

32216

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]*

Dennis P. Gilfoyle, President

1-30-96

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          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | FRASER, STANLEY D   |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | IRELAND, LOCK       |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | SHIELDS, ROBERT     |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |
| TITLE          | PD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | REYNOLDS, GAYLE M   |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |
| TITLE          | TD                  | <input type="checkbox"/> DELETE            |
| NAME           | WILBERT, DAVID A    |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |
| TITLE          | SD                  | <input type="checkbox"/> DELETE            |
| NAME           | SCHULTZ, JOHN       |  |
| STREET ADDRESS | 2002 SOUTHSIDE BLVD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Dennis P. Gilfoyle   |  |
| 1.3 STREET ADDRESS | 2002 Southside Blvd. |  |
| 1.4 CITY-ST-ZIP    | Jacksonville, FL     |  |
| 2.1 TITLE          | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | John A. Griffith     |  |
| 2.3 STREET ADDRESS | 2002 Southside Blvd. |  |
| 2.4 CITY-ST-ZIP    | Jacksonville, FL     |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |  |
| 4.3 STREET ADDRESS |                      |  |
| 4.4 CITY-ST-ZIP    |                      |  |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |  |
| 5.3 STREET ADDRESS |                      |  |
| 5.4 CITY-ST-ZIP    |                      |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* Dennis P. Gilfoyle

1-30-96

(904) 727-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)