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95 MAY 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000002292 (0)**

1. Corporation Name
JAPAN-AMERICA SOCIETY OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
19 W. GARDEN STREET, SUITE 300 PENSACOLA FL 32501	19 W. GARDEN STREET, SUITE 300 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:
4. FEI Number: 59-3235160 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CARTWRIGHT, JERRY
19 W. GARDEN STREET, SUITE 300
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature of new registered agent, if applicable) (Old Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	PRESIDENT D/P	☐ Change ☒ Addition
NAME		12 NAME	JERRY CARTWRIGHT	
STREET ADDRESS		13 STREET ADDRESS	19 W. GARDEN ST.	
CITY ST ZIP		14 CITY ST ZIP	PENSACOLA, FL 32501	
TITLE		21 TITLE	D/T	☐ Change ☒ Addition
NAME		22 NAME	THOMAS HAYES	
STREET ADDRESS		23 STREET ADDRESS	5122 GULL POINT RD.	
CITY ST ZIP		24 CITY ST ZIP	PENSACOLA, FL 32504	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	HAROLD CROSBY	
STREET ADDRESS		33 STREET ADDRESS	3410 CHANTARENE DR.	
CITY ST ZIP		34 CITY ST ZIP	PENSACOLA, FL 32507	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	LAYNE YONEHIRO	
STREET ADDRESS		43 STREET ADDRESS	100 NARVAEZ DR.	
CITY ST ZIP		44 CITY ST ZIP	PENSACOLA BEACH, FL 32561	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 an attachment with an address.

SIGNATURE: Thomas J. Hayes THOMAS J. HAYES 5/8/95 904-479-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

021148