

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 # N94000002967 (7)

1. Corporation Name

FLORIDA JCI SENATORS, INC.



Principal Place of Business

713 S. ORANGE AVE.  
SARSOTA FL 32436

Mailing Address

713 S. ORANGE AVE.  
SARSOTA FL 32436

3. Date Incorporated or Qualified  
06/15/1994

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 65-0508833

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

9. Name and Address of Current Registered Agent

MERCURIO, JOHN  
713 S. ORANGE AVE.  
SARSOTA FL 32436

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 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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BAKOS, PETER	2227 ALPINE AVE.	SARSOTA FL 34239	<input checked="" type="checkbox"/>
VD	CLEMENTS, KEN	3916 N.W. 21ST ST.	GAINESVILLE FL 32605	<input checked="" type="checkbox"/>
VD	PARKER, JIM	275 32ND AVE.	VERO BEACH FL 32968	<input type="checkbox"/>
VD	CHESLER, PAUL	8917 92ND ST. NORTH	LARGO FL 34647	<input type="checkbox"/>
VD	PHILLIPS, MARSHA	2244 CRYSTAL GROVE LANE	LAKELAND FL 33801	<input checked="" type="checkbox"/>
SD	JACOBS, MARCIA	11538 7TH LANE NORTH, #1306	ST. PETERSBURG FL 33716	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	CHANGE	ADDITION
PD	CLEMENTS, KENNETH	3644 N.W. 33RD TERRACE	GAINESVILLE, FL. 32605	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	GARVIN, TERESA	7203 BALBOA ROAD	JACKSONVILLE, FL. 32968	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	HANCOCK, ALAN	P.O. BOX 56825	JACKSONVILLE, FL. 32241	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)