

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 # N94000004834 (7)

1. Corporation Name

COKER TAE KWON DO, INCORPORATED

Principal Place of Business

475 9TH AVE. SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address

475 9TH AVE. SOUTH
JACKSONVILLE BEACH FL 32250



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

09/29/1994

3a. Date of Last Report

10/02/1995

4. FEI Number

59-3291782

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

CORREIA, HEATHER
475 9TH AVE. SOUTH
JACKSONVILLE BEACH FL 32250

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

Heather C. Correia

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME CORREIA, HEATHER
STREET ADDRESS 475 9TH AVE. SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE SD ☐ DELETE
NAME CLENNEY, CRYSTAL
STREET ADDRESS 475 9TH AVE. SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE V ☐ DELETE
NAME FARROKH, FIROUZ
STREET ADDRESS 155 BARBERRY LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☐ DELETE
NAME DEGALICIA, JAY H
STREET ADDRESS 1732 HAMLET LN. N.
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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: *Heather C. Correia* HEATHER C. CORREIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (904) 247-6131

Date Daytime Phone #

CR2E037 (12/95)