

# 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 # N95000000542 (9)**

1. Corporation Name

**GLYNN'S KARATE DOJO NEW BIRTH DEVELOPMENT CENTER  
INC.**

**9027 1ST AVENUE**

Principal Place of Business

Mailing Address

**9027 1ST AVE.  
JACKSONVILLE FL 32208**

**9027 1ST AVE.  
JACKSONVILLE FL 32208**

**9027 1ST AVENUE**

**9027 1ST AVENUE**

2. Principal Place of Business

2a. Mailing Address

**21 9027 1ST AVENUE**

**26 9027 1ST AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 JACKSONVILLE, FLORIDA**

**27 JACKSONVILLE, FLORIDA**

City & State

City & State

**23 JACKSONVILLE, FLORIDA**

**28 JACKSONVILLE, FLORIDA**

Zip

Country

Zip

Country

**24 32209**

**25 DUVAL**

**29 32209**

**30 DUVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER, GLYNN L  
9027 1ST AVE.  
JACKSONVILLE FL 32208**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CHAIRMAN/CHIEF EXEC. Director</b>	<input type="checkbox"/> DELETE
NAME	<b>GLYNN L. FISHER</b>	
STREET ADDRESS	<b>1652 WEST 7th ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FLORIDA 32209</b>	
TITLE	<b>VICE CHAIRMAN/EXEC. Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Maggie MC GRUDER</b>	
STREET ADDRESS	<b>1652 WEST 7th ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32209</b>	
TITLE	<b>ADMINISTRATIVE Director</b>	<input type="checkbox"/> DELETE
NAME	<b>CYNTHIA T. DENNARD</b>	
STREET ADDRESS	<b>321 WEST 62ND ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32206</b>	
TITLE	<b>SAME AS WHEN FILED</b>	<input type="checkbox"/> DELETE
NAME	<b>LAST YEAR</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: GLYNN L. FISHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)