


APPROVED  
AND  
FILED

SECRETARY OF STATE  
700693-1-008A  
TAL 04/18/97-01006--003  
\*\*\*\*\*96.25 \*\*\*\*\*61.25

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>   |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br><b>97 APR 18 AM 11:28</b><br>SECRETARY OF STATE<br>TAL 64718755-01008-003<br>*****96.25 *****61.25           |  |
| <b>DOCUMENT # N95000000542 (9)</b>  |  |  |  |   |  |
| 1. Corporation Name<br><b>GLYNN'S KARATE DOJO NEW BIRTH DEVELOPMENT CENTER INC.</b><br><i>Glynn's Martial Arts New Birth, Inc.</i>  |  |  |  |   |  |
| Principal Place of Business<br><b>9027 1ST AVENUE<br/>JACKSONVILLE FL 32209<br/>US</b>  |  | Mailing Address<br><b>9027 1ST AVENUE<br/>JACKSONVILLE FL 32208-2234<br/>US</b>  |  | 3. Date Incorporated or Qualified<br><b>01/31/1995</b>  |  |
| 2. Principal Place of Business<br><b>2424 MYRTLE AVE</b>  |  | 2a. Mailing Address<br><b>2424 MYRTLE AVE.</b>   |  | 3a. Date of Last Report<br><b>04/04/1996</b>  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 4. FEI Number<br><b>59-3284119</b>  |  |
| City & State  |  | City & State   |  | Applied For<br>Not Applicable   |  |
| Zip   |  | Zip  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| Country   |  | Country  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 9. Name and Address of Current Registered Agent<br><b>FISHER, GLYNN L<br/>9027 1ST AVE.<br/>JACKSONVILLE FL 32208</b>  |  | 10. Name and Address of New Registered Agent  |  |
| 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.   |  | 81 Name  |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
| SIGNATURE   |  | 83   |  | 84 City   |  |
| 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<br><b>CD</b>  |  | 1.1 TITLE  |  |   |  |
| NAME<br><b>FISHER, GLYNN</b>  |  | 1.2 NAME   |  |   |  |
| STREET ADDRESS<br><b>1652 WEST 7TH STREET</b>   |  | 1.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>   |  | 1.4 CITY-ST-ZIP  |  |   |  |
| TITLE<br><b>VCD</b>   |  | 2.1 TITLE  |  |   |  |
| NAME<br><b>MCGUINER, MAGGIE</b>   |  | 2.2 NAME   |  |   |  |
| STREET ADDRESS<br><b>1652 WEST 7TH AVENUE</b>   |  | 2.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>   |  | 2.4 CITY-ST-ZIP  |  |   |  |
| TITLE<br><b>AD</b>  |  | 3.1 TITLE  |  |   |  |
| NAME<br><b>DENNARD, CYNTHIA</b>   |  | 3.2 NAME   |  |   |  |
| STREET ADDRESS<br><b>321 WEST 62ND STREET</b>   |  | 3.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>   |  | 3.4 CITY-ST-ZIP  |  |   |  |
| TITLE   |  | 4.1 TITLE  |  |   |  |
| NAME  |  | 4.2 NAME   |  |   |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP  |  |   |  |
| TITLE   |  | 5.1 TITLE  |  |   |  |
| NAME  |  | 5.2 NAME   |  |   |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP  |  |   |  |
| TITLE   |  | 6.1 TITLE  |  |   |  |
| NAME  |  | 6.2 NAME   |  |   |  |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP   |  | 6.4 CITY-ST-ZIP  |  |   |  |
| 14. I do hereby certify that the information supplied with this filing 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: <i>Glynn L. Fisher</i> <b>APR 18 97</b>  |  |  |  |   |  |