

FILE NOW: FILING FEE IS \$61.25

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AND
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1998 APR 20 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # **0950000000542**

1. Corporation Name
GLYNN'S MARTIAL ARTS NEWBIRTH INC.

2424 MYRTLE AVENUE - SAME

Principal Place of Business Mailing Address

2424 MYRTLE AVENUE - SAME

3. Date Incorporated or Qualified
1-31-95

4. FEI Number
59-3284119

Applied For
Not Applicable

2. Principal Place of Business

21 **2424 MYRTLE AVENUE**

Suite, Apt. #, etc.

22

City & State
JAX, FLA.

Zip Country
32209

2a. Mailing Address

26 **2424 MYRTLE**

Suite, Apt. #, etc.

27

City & State
JAX, FLA.

Zip Country
32209

30 **DUAL**

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GLYNN FISHER L
1652 WEST 7TH ST

10. Name and Address of New Registered Agent

81 Name **GLYNN FISHER**

82 Street Address (P.O. Box Number is Not Acceptable)
1652 WEST 7TH ST.

83

84 City **JACKSONVILLE** **FL** 85 Zip Code **32209**

11. Pursuant to the provisions of Sections 617.0402 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GLYNN FISHER	
STREET ADDRESS	1652 WEST 7TH ST	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32209	
TITLE	VICE CHAIRMAN ID	<input type="checkbox"/> DELETE
NAME	MAGGIE MC GRUBER	
STREET ADDRESS	1652 WEST 7TH ST	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32209	
TITLE	ADJUTANT DIRECTOR ID	<input type="checkbox"/> DELETE
NAME	CYNTHIA DENNARD	
STREET ADDRESS	321 WEST 62ND ST	
CITY-ST-ZIP	JACKSONVILLE, FLA 32206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002493777--6
1.4 CITY-ST-ZIP	-04/20/98--01073--001
2.1 TITLE	*****70.00 <input type="checkbox"/> *****70.00 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 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: **Glynn Fisher** **4-20-98** **904-353-9959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (10/97)

7/18
4/20/98