


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

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 # **095000000542**
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

2a. Mailing Address

21 **2424 MYRTLE AVENUE**

26 **2424 MYRTLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **JAX, FLA.**

28 **JAX, FLA.**

Zip

Country

Zip

Country

24 **32209**

25

29 **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

10. Name and Address of New Registered Agent

GLYNN FISHER L
1652 WEST 7TH ST

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 MCGRUBER	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7000002493777--6
1.4 CITY-ST-ZIP	-04/20/98--01073--001
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	*****70.00 *****70.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-20-98 964-353-9959

CR2E037 (10/97)