

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000000668 (2)**

1. Corporation Name

**NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHITE PEOPLE, FLORIDA CHAPTER, INC.**



Principal Place of Business <b># 1 WINE DRIVE HILLIARD FL 32046</b>	Mailing Address <b>P.O. BOX 368 HILLIARD FL 32046</b>
--	--

3. Date Incorporated or Qualified

**02/08/1995**

4. FEI Number

**59-3363347**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

**WINE, DANA  
#1 WINE DRIVE  
P.O. BOX 368  
HILLIARD FL 32046**

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 *Dana E Wine* **DANA E WINE** *President* **4/7/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P D WINE, DANA E</b>
STREET ADDRESS	<b># 1 WINE DRIVE</b>
CITY-ST-ZIP	<b>HILLIARD FL 32046</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRIGGERS, JERRY</b>
STREET ADDRESS	<b>8233 NEVADA STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRATER, TOM</b>
STREET ADDRESS	<b>3504 HIBISCUS STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DANESE, VIRGIL</b>
2.3 STREET ADDRESS	<b>5244 RIDGECREST AVE.</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32207</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>VINCENT R MCHUGH</b>
4.3 STREET ADDRESS	<b>5244 RIDGECREST AVE.</b>
4.4 CITY-ST-ZIP	<b>1931 SUNRISE DR. JACKSON FERNANDINA BEACH, FL 32034</b>
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: *Dana E Wine* **DANA E WINE** *4/7/98* **904-845-3668**

CR2E037 (10/97)