FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500000668

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHIT E PEOPLE, FLORIDA CHAPTER, INC.

Princ	ipal Pl	lace of	Busines
# 1	WINE	DRIVE	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

HILLIARD FL 32046

21

22

Mailing Address

P.O. BOX 368 HILLIARD FL 32046

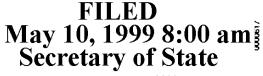
2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27



05-10-1999 90178 021 ****70.00



3. Date Incorporated or Qualifed

02/08/1995

59-3363347

FEI Number

City & State	e	City & Star	(e			5. (Certificate of Status Desi	red 🗹		φο.13 P	
3		28								Fee Re	quired
Zip	Country	Zip		Country	,		Election Campaign Final	ncing 🗂		\$5.00	•
4	25	29	30	<u> </u>			Trust Fund Contribution			Added t	o Fees
	9. Name and Address of Current i	Registered Agen	t			10.	Name and Address of	New Regis	tered A	gent	*****
				81	Name						
WINE, DAI				82	Street Add	iress (P.	O. Box Number is Not A	cceptable)			
#1 WINE				83							
P.O. BOX	368			100							
HILLIARD	FL 32046			84	City				FL	85 Zip (Code
office or re agent. I a	to the provisions of Sections 617.0502 and egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such cha	ange was auth	orized by	the corporati	poration ion's boa	submits this statement f ard of directors. I hereby	or the purp accept the	ose of c appoint	hanging its tment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Re	gistered Ager	nt signature requin				ATE		
12.	OFFICERS AND			13.		Α	DDITIONS/CHANGES 1	O OFFICE	RS AND		
TITLE	P D		DELETE	1.1 TITLE						Change	☐ Addition
NAME	WINE, DANA E			1.2 NAME							
STREET ADDRESS	# 1 WINE DRIVE			1.3 STREET	T ADDRESS						
CITY-ST-ZIP	HILLIARD FL 32046			1.4 CITY-S	T-ZIP						
TITLE	T ·		DELETE	2.1 TΠLE						☐ Change	Addition
NAME	DANESE, VIRGIL			2.2 NAME	:						
STREET ADDRESS	5244 RIDGECREST AVE			2.3 STREET	TADORESS						
CITY-ST-ZIP	JACKSONVILLE FL 32207		,	2. 4 CITY- S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	VPD		DELETE	3.1 TITLE						Change	☐ Addition
NAME	PRATER, TOM			3.2 NAME							
STREET ADDRESS	3504 HIBISCUS STREET			3.3 STREE	TADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32254			3.4. CITY- S	ST-ZIP						- <u>-</u>
TITLE	SD		DELETE	4.1 TITLE						Change	☐ Addition
NAME	MCHUGH, VINCENT R			4. 2 NAME							
STREET ADDRESS	1931 SUNRISE DR			4.3 STREE	TADDRESS						
CITY-ST-ZIP	FERNANDINA BCH FL 32034			4.4 CITY-S	T-ZIP						
TILE			DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME	1			5.2 NAME							
STREET ADDRESS				5.3 STREE	TADDRESS						
OTY-ST-ZIP				5.4 CITY-S	ST-ZIP						
TITLE ·			DELETE	6.1 TITLE						Change	☐ Addition
NAME .				6.2 NAME							
STREET ADDRESS				6.3 STREE	TADDRESS						
CITY-ST-7IP	1			6.4 CITY-S							
14. Lhereby	certify that the information supplied with	this filing does no	ot qualify for th	e exempt	ion stated in	Section	119.07(3)(i), Florida Sta	tutes. I furt	her certi	fy that the i	nformation

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable