

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000001538 (6)**

1. Corporation Name

JACKSONVILLE COMMUNITY ACCESS NETWORK, INC.



Principal Place of Business

Mailing Address

**200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202**

**200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3307212

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRAUGHON, RICHARD S
200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202**

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

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 ☐ DELETE
NAME **D SWAIN, DAVID**
STREET ADDRESS **5400 LAMOYA AVE., #17**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Freudenthal, Scott**
1.3 STREET ADDRESS **4021 Palm Way**
1.4 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ DELETE
NAME **D GREER, LEWIS**
STREET ADDRESS **P.O. BOX 289**
CITY-ST-ZIP **HILLIARD FL 32046**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Dormady, Dennis**
2.3 STREET ADDRESS **11607 Tanager Drive**
2.4 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ DELETE
NAME **D WOODS, LARRY D**
STREET ADDRESS **4253 BUCK POINT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BELL, PAUL R**
STREET ADDRESS **4730 WASSAIL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BLADE, ANNA**
STREET ADDRESS **2334 BROADMOOR LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DAVID SWAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96 904-396-3052

CR2E037 (12/95)