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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001538 (6)

JACKSONVILLE COMMUNITY ACCESS NETWORK, INC.

FILED Jan 30 1998 8:00am Secretary of State

Principal Plac	e of Busines:	S	Mailing A	Mailing Address					1 1003110		11 0 0111 0 2 111 0 3 11	 	
200 WEST FOR			200 WEST FORSYTH STREET, SUITE 1730					3. Date Incor	porated or Qual	lifled			
JACKSONVILLE	FL 32202	JACKSON	JACKSONVILLE FL 32202						3/1995		ı		
								7	1. FEI Numbe	er		A	plied For
						<u>59-33</u>	307212		No	t Applicable			
2. Principal P	lace of Busin	<u> </u>	2a. Mailing Address					5. Certificate	of Status Desire	ed 🔲	\$8.75		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					Election C	ampaign Einang	ina	Fee Re	·	
22	,		27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
City & Stat	е		City & State					7. Is this nonprofit corporation a homeowners association?					
23			28						☐ Yes ☒ No				
Zip	Country		Zip Cou		ountry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No					
24			11				10	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent									<i>3.</i> 1144774 4414				
DRAUGHON, RICHARD S						82 Street Address (P.O. Box Number is Not Ad					antabla)		
	ST FORSYT	30	l			oueet.	Addiess	duless (F.O. Box Number is Not Acceptable)					
JACKSO	NVILLE FL	32202											
						City		[85 Zir				Code	
							•				F	L `	1
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida S 								l corporat poration's	ion submits the board of dire	nis statement for actors. I hereby	r the purpose accept the a	e of changing it appointment as	s registered registered
agent. I a	m familiar wit	th, and accept the obliga	tions of, Section	on 617.0503, Fl	orida Sta	tutes	·. ·						-
SIGNATURE .	Stoneture broad	or printed name of registered agen	f and liffe if annlica	ble (NO)	F. Barristore	d Ace	of signature	a required wh	en reinstating)		DATE		
12.	orginatoro, typeo	OFFICERS AND			13.	47.90	· · · · · · · · · · · · · · · · · · ·	3 70qan 0a 4111		CHANGES TO			S IN 12
TITLE	P			☐ DELETE								Change	☐ Addition
NAME	TON, MARSHALL			1.2		1.2 NAME W		Mar	rshall	, Toni			
STREET ADDRESS	ss 4117 ROLLINGWOOD CT			1.5		1.3 STREET ADDRESS			•				
CITY - ST - ZIP	JACKSONVILLE FL				1.4 C	1.4 CITY-ST-ZIP		-					
TITLE	8			☐ DELETE	TE 2.1 TITL							Change	Addition
NAME	SWAIN, DAVID		2.		2.2 N	2.2 NAME							
STREET ADDRESS	5400 LAMOYA AVE #17			2.3 S		3 STREET ADDRESS							
CITY-ST-ZIP	JACKSO	NVILLE FL					IT-ZIP				322	.10	
TITLE	ם			X DELETE		TLE		1				Change	Addition
NAME	*BELL, P	AUL R >		3.2 N									i
STREET ADDRESS		ASSAIL DRIVE		3.3 \$			ADDRESS						
CITY - ST - ZIP		NVILLE FL 32257					T-ZIP						
TITLE	4			☐ DELETE	4.1 T	TLE		Tre	asurer	•		Change Change	Addition
NAME	BLADE,	anna			4.21	IAME							
STREET ADORESS	2334 BR	OADMOOR LANE		4.3 \$		STREET ADDRESS							
CITY-ST-ZIP	JACKSO	NVILLE FL 32207				CITY-ST-ZIP							
TITLE	Ď			DELETE	5.1 T	TLE				=		Change	Addition
NAME	FREUDN	IETHAL, SCOTT			5.2 N	AME							
STREET ADDRESS	4021 PA	LM WAY			5.3 S	TREET.	ADDRES\$						
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322		250	5.4 C		TY-SI	-ST-ZIP						
TITLE			,	DELETE	6.1 T			Din	ector			Change	Addition
NAME					6.2 N	AME		Gre	er La	ewis			
STREET ADDRESS					6,3 S	REET	ADDRESS			ry Swith	Rd.		
City-St-Zip					6.4 C	ΠY-\$1	ĭ-ZIP	471	liard, F	1 320	46		

I hereby certify that the information supplied with this filling 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 two 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 teceiver or trustee employees 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 applicage.

AUID SWAIN SIGNATURE: