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Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N95000002362 (0)**

1. Corporation Name

ALIMACANI RECREATION BOOSTERS' CLUB, INC.

Principal Place of Business

**2051 SAN PABLO ROAD
JACKSONVILLE FL 32224**

Mailing Address

**2051 SAN PABLO ROAD
JACKSONVILLE FL 32224**



3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

58-3310955

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

**HULSEY, MARK III
1551 ATLANTIC BLVD.
SUITE 200
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE
NAME **MIMMS, JOSEPH**
STREET ADDRESS **13584 LOBO COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☒ DELETE
NAME **COFFEE, BRIAN**
STREET ADDRESS **14231 TWIN FALLS DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE
NAME **KRIECHT, RAYMOND**
STREET ADDRESS **13045 PALMETTO GLADE DR**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **RAYMOND KRIECHT**
1.3 STREET ADDRESS **13045 PALMETTO GLADE DR**
1.4 CITY-ST-ZIP **JACKSONVILLE BEACH FL**

2.1 TITLE **DS** ☒ Change ☐ Addition
2.2 NAME **MARLA DAHLEMBURG**
2.3 STREET ADDRESS **14316 DAHLONEGA LANE**
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32224**

3.1 TITLE **DT** ☒ Change ☐ Addition
3.2 NAME **JENNIFER BISHARA**
3.3 STREET ADDRESS **12846 SUNRISE LAKE CT**
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

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

6.1 TITLE ☐ Change ☐ 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

Jennifer M Bishara 2/13/98 904-221-1970

CR2E037 (10/97)