

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90048 011 ****70.00

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1. Corporation Name

THE ATLANTIC COAST LIVERY ASSOCIATION, INC.

Principal Place of Business

1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

Mailing Address

1130A ROGERO RD
JAX FL 32211
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

APPLIED FOR 59-3506575

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, SALLY JOANNE
1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

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 PD
NAME THOMPSON, SALLY JOANNE
STREET ADDRESS 1061 JAMAICA RD E
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD
NAME FRANKS, GREG
STREET ADDRESS 14125 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE TD
NAME DANA, NOEL
STREET ADDRESS 1130A ROGERO RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Smith, Craig F.
1.3 STREET ADDRESS 11463 Saints Rd.
1.4 CITY-ST-ZIP Jax, Fla 32246

2.1 TITLE VD
2.2 NAME Graham, Glenn
2.3 STREET ADDRESS 1565 Airport Rd.
2.4 CITY-ST-ZIP Jax, Fla 32218

3.1 TITLE TD
3.2 NAME Thompson, Sally
3.3 STREET ADDRESS 1130 A Rogero rd.
3.4 CITY-ST-ZIP Jax, Fla 32211

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-5-99

(904) 221-5466

CR2E037 (1/98)