

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003438 (5)

1. Corporation Name

JACKSONVILLE CHECKER CLUB INC.

Principal Place of Business

2001 W. BEAVER ST.
JACKSONVILLE FL 32209

Mailing Address

2001 W. BEAVER ST.
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

MOBLEY, EUGENE JR.
2001 W. BEAVER ST.
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3490820

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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002703236--0

-12/04/98-01062-015

84 City

*****70.00 *****70.00

FL

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

Eugene Mobley Jr.

(NOTE: Registered Agent signature required when reinstating)

7/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS JOHNSON	
STREET ADDRESS	7177 EUDINE DR SO.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	ROOSEVELT OUSLEY	
STREET ADDRESS	9135 DEVONSHIRE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL. 32208	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	WILLIE J. BROWN	
STREET ADDRESS	6134 POPE PL	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	EUGENE MOBLEY JR	
STREET ADDRESS	2049 COMMONWEALTH AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM RYAN	
STREET ADDRESS	7036 BEACH LN SO.	
CITY-ST-ZIP	JACKSONVILLE, FL 322	
TITLE	CHAPLIN	<input checked="" type="checkbox"/> DELETE
NAME	MOSE DAMIS	
STREET ADDRESS	1621 MORGAN ST	
CITY-ST-ZIP	JACKSONVILLE, FL.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE MOBLEY JR	
1.3 STREET ADDRESS	5800 BARNES RD. #4	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIE JONES	
2.3 STREET ADDRESS	2001 W. BEAVER ST.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32209	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ENMETT HOLLS	
3.3 STREET ADDRESS	2001 W. BEAVER ST.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ULYSEE MALLOY	
4.3 STREET ADDRESS	2001 W. BEAVER ST.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eugene Mobley Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/98

Date

633-8672

Daytime Phone #

APPROVED
AND
FILED

98 DEC -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E037 (5/98)