

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90284 043 ****61.25

DOCUMENT # N98000003739

1. Corporation Name

NEWFS ON PARADE, INCORPORATED

Principal Place of Business

Mailing Address

One Independent Drive, Suite 3303
Jacksonville, Florida
32202-5027

2. Principal Place of Business

2a. Mailing Address

21 One Independent Drive

26 One Independent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3303

27 Suite 3303

City & State

City & State

23 Jacksonville FL

28 Jacksonville, FL

Zip

Zip

Country

Country

24 32202-5027 25 USA

29 32202-5027 30 USA

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

59-3541516

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

10. Name and Address of New Registered Agent

Sally J. Kircher
One Independent Drive, Suite 3303
Jacksonville, FL 32202-5027

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 Director & Secretary ☐ DELETE
NAME Sally J. Kircher
STREET ADDRESS One Independent Drive Suite 3303
CITY-ST-ZIP Jacksonville FL 32202-5027

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Aliff, Mark T.
1.3 STREET ADDRESS 8161 Blue Quill
1.4 CITY-ST-ZIP Tallahassee FL 32312

TITLE Director ☒ DELETE
NAME Faynor, Dawn
STREET ADDRESS 1508 N.E. 13th St.
CITY-ST-ZIP Cape Coral, FL 33909

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Hoffenberg, Janice
2.3 STREET ADDRESS 6216 Fordham Circle, East
2.4 CITY-ST-ZIP Jacksonville, FL 32217

TITLE President & Director ☐ DELETE
NAME McMahon, Candace
STREET ADDRESS 2809 Shamrock Cir. N.
CITY-ST-ZIP Tallahassee FL 32308

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Whepley, Marilyn
3.3 STREET ADDRESS 440 Habersham
3.4 CITY-ST-ZIP Savannah GA 31401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Director Vice President ☐ Change ☒ Addition
4.2 NAME Yamitz, Chris
4.3 STREET ADDRESS 12421 Kozy Rest Lane
4.4 CITY-ST-ZIP Jacksonville FL 32258

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Vice President ☐ Change ☒ Addition
5.2 NAME Moores, Carole
5.3 STREET ADDRESS 3273 Kimberly Woods Court
5.4 CITY-ST-ZIP Lilburn, Ga 30047

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 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:

Mark T. Aliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Aliff Treasurer

5/1/99

Date

850/414-3789

Daytime Phone #

CR2E037 (1/1/98)