

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90348 031 \*\*\*\*\*61.25

**DOCUMENT # N98000004675**

1. Entity Name  
**SMOKE-FREE JACKSONVILLE COALITION, INC.**



Principal Place of Business  
900 UNIVERSITY BLVD.  
JACKSONVILLE, FL 32211

Mailing Address  
900 UNIVERSITY BLVD.  
JACKSONVILLE, FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3533927

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B  
1 INDEPENDENT DR., STE. 2600  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
FULLER, JR, A. ROY  
6900 SOUTHPPOINT DR N STE 550  
JACKSONVILLE, FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OFFD  
BELL, DALE  
1701 PRUDENTIAL DR.  
JACKSONVILLE, FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OFFD  
LEVINE, MARCY  
1701 PRUDENTIAL DR.  
JACKSONVILLE, FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BMD  
DUSSEAUT, HEATHER  
5526 ARLINGTON RD.  
JACKSONVILLE, FL 32211 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BMD  
KENNISON, LYNNETTE  
4500 SAN PABLO RD.  
JACKSONVILLE, FL 32224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WOODS, ROBERT  
900 UNIVERSITY BLVD. N.  
JACKSONVILLE, FL 32211 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Board Member  
Diane Green  
2350 Myra Street  
Jacksonville, FL 32204 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Board Member  
Daniel Wynn  
1785 Edgewood Ave.  
Jacksonville, FL 32205 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

*A. Roy Fuller, Jr.*  
A. Roy Fuller, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

904-296-0875

Daytime Phone #