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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 17 AM 11:33

DOCUMENT # V15043 (5)

1. Corporate Name
MAYPORT VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4542 OCEAN ST. MAYPORT FL 32233	1433 FERRIS ST. MAYPORT FL 32233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1300 PALMER ST
Suite, Apt. #, etc. 22
City & State 23 MAYPORT, FL
Zip 24 32233 Country 25 DUVAL

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3087177 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, KATHLEEN N
1433 FERRIS ST.
MAYPORT FL 32233

10. Name and Address of New Registered Agent

81 Name: Smith, N. Kathleen
82 Street Address (P.O. Box Number is Not Acceptable): 1433 Ferris St
83
84 City: Mayport, Fl. FL 85 Zip Code: 32233

11. Pursuant to the provisions of Sections 607.1622 and 607.1508, 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 607.325, Florida Statutes.

SIGNATURE: X N. Kathleen Smith N. Kathleen Smith 1/10/95
(Signature of Registered Agent, if changing) (Typed or Printed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	D.P ☒ Change ☐ Addition
NAME	FISHER, DAVID J	NAME	FISHER DAVID J
STREET ADDRESS	4666 RIBAULT PARK ST.	STREET ADDRESS	4636 RIBAULT PARK ST
CITY-ST-ZIP	MAYPORT FL	CITY-ST-ZIP	MAYPORT, FL 32233
TITLE	DVP	TITLE	DVP ☐ Change ☐ Addition
NAME	NEWELL, M.A.	NAME	Newell, M.A.
STREET ADDRESS	1305 PALMER ST.	STREET ADDRESS	1305 Palmer St.
CITY-ST-ZIP	MAYPORT FL	CITY-ST-ZIP	Mayport, Fl. 32233
TITLE	DTS	TITLE	DTS ☐ Change ☐ Addition
NAME	SMITH, N. KATHLEEN	NAME	Smith, N. Kathleen
STREET ADDRESS	1433 FERRIS ST.	STREET ADDRESS	1433 Ferris St
CITY-ST-ZIP	MAYPORT FL	CITY-ST-ZIP	Mayport, Fl. 32233
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, all the information required to be reported in this annual report is true and accurate and that my signature shall be the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: David J. Fisher DAVID J. FISHER 1-10-95 904-247-9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010721 CP