FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V15043** **(5)**

1. Corporation Name
MAYPORT VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business
1300 PALMER ST
MAYPORT FL 32233
US

Mailing Address
1433 FERRIS ST.
MAYPORT FL 32233
US

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 01/17/1995

2. Principal Place of Business
21 1300 Palmer St
22 Suite, Apt. #, etc.
23 City & State: Mayport, Fl
24 Zip: 32233
25 Country: Duval

2a. Mailing Address
26 1433 Ferris St
27 Suite, Apt. #, etc.
28 City & State: Mayport, Fl
29 Zip: 32233
30 Country: Duval

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

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: N. Kathleen Smith 4/30/96
Signature, typed or printed name of registered agent, title if applicable — NOTE: Registered Agent's signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, DAVID J	1.2 NAME	same
STREET ADDRESS	4636 RIBAULT PARK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	1.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWELL, M.A.	2.2 NAME	same
STREET ADDRESS	1305 PALMER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	2.4 CITY-ST-ZIP	
TITLE	DTS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, N. KATHLEEN	3.2 NAME	same
STREET ADDRESS	1433 FERRIS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	SC ☐ Change ☐ Addition
NAME	Greenwell, Tyler	4.2 NAME	Greenwell, Tyler
STREET ADDRESS	4738 Ocean St	4.3 STREET ADDRESS	4738 Ocean St
CITY-ST-ZIP	Atlantic Bch, Fl. 32233	4.4 CITY-ST-ZIP	Atlantic Bch, Fl. 32233
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: N. Kathleen Smith, David J. Fisher 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
N. Kathleen Smith, David J. Fisher

CR2E034 (12/95)