

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 32233-2409 US**

3. Date Incorporated or Qualified: **02/18/1992**
3a. Date of Last Report: **05/01/1996**

21	2. Principal Place of Business	26	2b. Mailing Address	4.	FEI Number	Applied For
	State, Apt. #, etc.		Suite, Apt. #, etc.		59-3087177	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
	Mayport, FL		Mayport FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Zip			
	32233		32233-2409			
	Country		Country			
	Duval		Duval			

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: Same**
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

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: *[Signature]* **Treasurer** DATE: **2/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DAVID J	1.2 NAME	
STREET ADDRESS	4636 RIBAUT PARK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP	2.2 NAME	
STREET ADDRESS	NEWELL, M.A.	2.3 STREET ADDRESS	
CITY-ST-ZIP	1305 PALMER ST.	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DTS	3.2 NAME	
STREET ADDRESS	SMITH, N. KATHLEEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	1433 FERRIS ST.	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	4.2 NAME	
STREET ADDRESS	GREENWELL, TYLER	4.3 STREET ADDRESS	
CITY-ST-ZIP	4738 OCEAN ST	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Treas** DATE: **2/11/97** Daytime Phone: **904-241-3728**

CR2E034 (9/96)