

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36914

FILED
Apr 20, 2016
Secretary of State
CC7468004744

Entity Name: JAPAN-AMERICAN SOCIETY OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

84 BAYBRIDGE
GULF BREEZE, FL 32561

Current Mailing Address:

P.O. BOX 933
GULF BREEZE, FL 32562

FEI Number: 59-2897817

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HONDA, SHIGEKO
1259 BAYVIEW LANE
GULF BREEZE, FL 32563 US

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.

SIGNATURE: SHIGEKO HONDA

04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CUNNINGHAM, MARY
Address 3461 ASHMORE LANE
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name MARX, MORRIS LDR
Address 11000 UNIVERSITY PARKWAY,
BLDG.4/326
City-State-Zip: PENSACOLA FL 32514

Title TREASURER
Name BAKER, LAVERNE MRS
Address 84 BAYBRIDGE DR
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name BUSH, PAT MRS.
Address 5445 SOUNDSIDE DRIVE
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name JONES, C RAY
Address 611 N BARCELONA STREET
City-State-Zip: PENSACOLA FL 32501

Title PRESIDENT
Name VINSON, ROGER J. JR.
Address 1503 E JACKSON STREET
City-State-Zip: PENSACOLA FL 32501

Title VP
Name BACKMAN, CARL DR.
Address 11604 CLEAR CREEK DRIVE
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name CURTIS, KUMIKO
Address P.O. BOX 933
City-State-Zip: GULF BREEZE FL 32562

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAVERNE BAKER

TREASURER

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VON BARGEN, TERUKO
Address P.O. BOX 933
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR
Name TRELFA, DOUG DR.
Address P.O. BOX 933
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR
Name WAITS, NORIKO
Address P.O. BOX 933
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR
Name BALLINGER, MALCOLM
Address P.O. BOX 933
City-State-Zip: GULF BREEZE FL 32562