

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

MAR - 2 2015

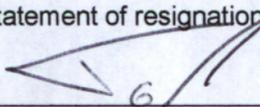
City Clerk

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

| | | |
|--------------------------------------|-------------|---------------------------|
| Name Jonathan McGowan | | Telephone 904-372-0770 |
| Street Address 5 N 17th Ave #401 | | |
| City Jacksonville Beach | State FL | Zip Code 32250 |
| Mailing Address 5 N 17th Ave #401 | | |
| City Jacksonville Beach | State FL | Zip Code 32250 |

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



Signature of Registered Agent

03/01/2015

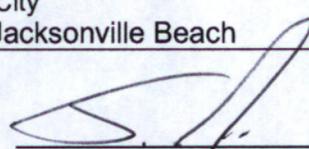
Date

Former Registered Agent and Office Information (for changes only)

| | | |
|----------------|-------|-----------|
| Name | | Telephone |
| Street Address | | |
| City | State | Zip Code |

Committee or Organization Information

| | | |
|-------------------------------------------------------------------------------|-------------|---------------------------|
| Name of Committee or Organization Citizens for a Better Jacksonville Beach | | |
| Street Address 5 N 17th Ave #401 | | Telephone 904-372-0770 |
| City Jacksonville Beach | State FL | Zip Code 32250 |



Signature of Chairperson

Jonathan McGowan

Printed Name of Chairperson

03/01/2015

Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

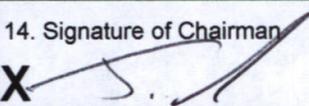
MAR - 2 2015

City Clerk

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-----------------------|
| 1. Committee or Organization Citizens for a Better Jacksonville Beach | | 2. Telephone (904) 372-0770 | |
| 3. Name of Treasurer or Deputy Treasurer Jonathan McGowan | | 4. Email (optional) () | |
| 5. Telephone (optional) () | | | |
| 6. Mailing Address 5 N 17th Ave #401, Jacksonville Beach, FL 32250 | | | |
| 7. Street Address 5 N 17th Ave #401, Jacksonville Beach, FL 32250 | | | |
| 8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository | | | |
| 9. Name of Bank SunTrust Bank | | 10. Street Address 3720 3rd St South | |
| 11. City Jacksonville Beach | | 12. State FL | 13. Zip Code 32250 |
| 14. Signature of Chairman  | | 15. Name of Chairman (Print or Type) Jonathan McGowan | |

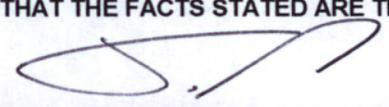
Campaign Treasurer's Acceptance of Appointment

I, Jonathan McGowan, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Citizens for a Better Jacksonville Beach
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

03/01/2015

Date


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MAR - 2 2015

City Clerk

1. Full Name of Committee

Citizens for a Better Jacksonville Beach

Telephone

904-370-0770

Mailing Address (include city, state and zip code)

5 N 17th Ave #401, Jacksonville Beach, FL 32250

Street Address (include city, state and zip code)

5 N 17th Ave #401, Jacksonville Beach, FL 32250

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|----------------------------------------------|-----------------|--------------|
| None | | |

3. Area, Scope and Jurisdiction of the Committee

Candidates and ballot initiatives in Jacksonville Beach, Florida

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

none

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

| Full Name | Mailing Address | Committee Title or Position |
|------------------|---------------------------------------------------|-----------------------------|
| Jonathan McGowan | 5 N 17th Ave #401 Jacksonville Beach, FL 32250 | Chairman/ Treasurer |

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

| Full Name | Mailing Address | Committee Title or Position |
|------------------|---------------------------------------------------|-----------------------------|
| Jonathan McGowan | 5 N 17th Ave #401 Jacksonville Beach, FL 32250 | Chairman/ Treasurer |

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

| Full Name | Mailing Address | Office Sought | Party |
|-----------|-----------------|---------------|-------|
| TBD | | | |

8. List Any Issues this Committee is Supporting: TBD

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

none

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Return to contributors or donate to 501(c)3 organization

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

| Name of Bank or Depository & Account Number | Mailing Address |
|---------------------------------------------|---------------------------------------------------|
| SunTrust Bank | 3720 3rd St South Jacksonville Beach, FL 32250 |

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

| Report Title | Dates Required to be Filed | Name & Position of Official | Mailing Address |
|--------------|----------------------------|-----------------------------|-----------------|
| none | | | |

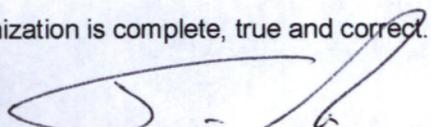
STATE OF Florida

Duval COUNTY

I, Jonathan McGowan, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

03/01/2015

Date

