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1997 OCT 15 AM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739177 (4)
1. Corporation Name
BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Principal Place of Business 19029 WATERVILLE ROAD JACKSONVILLE FL 32226	Mailing Address 19029 WATERVILLE ROAD JACKSONVILLE FL 32226-1521
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1977		3a. Date of Last Report 07/10/1996	
21		26		4. FEI Number 59-2104167		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BRAY, JENELLE H.
19029 WATERVILLE ROAD
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	GROVER, DARBY
STREET ADDRESS	16109 SHELLCRACKER RD.
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	D <input type="checkbox"/> DELETE
NAME	CASTNER, MICHAEL
STREET ADDRESS	16211 WATERVILLE RD.
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	P <input type="checkbox"/> DELETE
NAME	BRAY, JENELLE H
STREET ADDRESS	19029 WATERVILLE RD
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ODOM, GEORGE
STREET ADDRESS	16045 SHELLCRACKER RD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	THOMPSON, MARY
STREET ADDRESS	15561 FLOUNDER RD.
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	D <input type="checkbox"/> DELETE
NAME	RODGERS, CHARLES V.
STREET ADDRESS	16291 FRANDERSON LANE
CITY-ST-ZIP	JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMAGLIS, JOHN
1.3 STREET ADDRESS	13499 SAWPIT RD.
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226
2.1 TITLE	0000023230 00-00-00
2.2 NAME	-10/17/97--01071--010
2.3 STREET ADDRESS	*****61.25 *****61.25
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRAY, JENELLE H
3.3 STREET ADDRESS	19029 WATERVILLE RD
3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32226
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)

Handwritten signature and date: 10/17/97