

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90353 032 \*\*\*\*61.25

0003287

**DOCUMENT # N00000003994**

1. Entity Name

**JACKSONVILLE - DUVAL COUNTY COUNCIL ON ELDER AFFAIRS FOUNDATION, INC.**



Principal Place of Business

**150 E FIRST ST  
JACKSONVILLE FL 32206**

Mailing Address

**150 E FIRST ST  
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3666641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BOYER, TYRIE A  
210 E FORSYTH ST  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                                     |                                            |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>FORTUNA, JAMES L SR<br/>2305 LAKE LUCINA DR<br/>JACKSONVILLE FL 32211</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>JENNINGS, CLYDE<br/>319 W 70TH ST<br/>JACKSONVILLE FL 32208</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BOYER, TYRIE A<br/>210 E FORSYTH ST<br/>JACKSONVILLE FL 32211</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DIXON, FRANCES<br/>460 W 70TH ST<br/>JACKSONVILLE FL 32209</b>             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>DANGLADE, JOHN P<br/>2203 HIRSCH AVENUE<br/>JACKSONVILLE FL 32216</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                     |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>RALPH SISTRUNK J.D.<br/>13071 ISLE WORTH RIDGE CT<br/>JACKSONVILLE, FL 32225</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>JENNINGS, CLYDE<br/>319 W 70TH STREET<br/>JACKSONVILLE, FL 32208</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>DIXON, FRANCES<br/>319 W 70TH STREET<br/>JACKSONVILLE, FL 32208</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MARI TERBRUEGGEN<br/>9745 HOOD ROAD<br/>JACKSONVILLE, FL 32257</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MICKEY ALBERT<br/>1230 MAPLETON ROAD<br/>JACKSONVILLE, FL 32207</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

*NOTE CONTINUED  
ON PAGE 2*

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

**APRIL 15, 2003 904**

CR2E037 (10/02)

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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D ELIZABETH COBB<br>4353 JEROME AVE.<br>JACKSONVILLE, FL 32209 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D BETTY SMITH<br>8911 LOPEZ COURT<br>JACKSONVILLE FL 32216                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D BOB BRINSON<br>5036 JAMES ROAD<br>JACKSONVILLE FL 32210                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D JOHN THOMAS<br>520 DAVIS STREET<br>NEPTUNE BEACH, FL 32266              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>                                                                                     |

Attachment

N00000003994

90098119

JACKSONVILLE, DUVAL COUNTY COUNCIL ON ELDER  
AFFAIRS FOUNDATION, INC

OFFICERS AND DIRECTORS CONTINUED FROM PAGE #1 (ITEM #11)

DOCUMENT # N00000003994