

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25714 (9)
1. Corporation Name
12 WHO CARE, COMMUNITY SERVICE AWARDS, INC.

Principal Place of Business Mailing Address
**1070 EAST ADAMS ST.
JACKSONVILLE FL 32202** **76 S. LAURA ST.
SUITE 1600
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2888577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**GABEL, GEORGE D., JR.
600 AMERICAN HERITAGE TOWER
76 SOUTH LAURA ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TONNING, R. KENNETH
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	CHRISTENSEN, MARY ANNE
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	HOFFMAN, VICKI
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	FIELDS, ROZ
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BRENNAN, KEVIN
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	NORDSIEK, GERALD A
STREET ADDRESS	1070 E. ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	MCVEY, RHONDA
3.4 CITY - ST - ZIP	1070 E. ADAMS STREET JACKSONVILLE FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	CAMPBELL, GERALD
4.4 CITY - ST - ZIP	1070 E. ADAMS STREET JACKSONVILLE FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *R Kenneth Tanning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 (904)354-1212
Date Signature (Print)