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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997

DOCUMENT # 753206

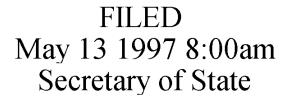
(2)

GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

Principal Place of Business
580 WEST EIGHTH STREET

Mailing Address

580 WEST EIGHTH STREET JACKSONVILLE FL 32209-6533





JACKSONVILLE	FL 32209	JACKSONVILLE FL 32209-6	533						
						3. Date Incorporated or Qualified 06/30/1980	3a. Da	te of Last R <b>4/23/19</b> 9	leport 6
2. Principal P	lace of Business	2a. Mailing Address			*	4. FEI Number 59-2006024			oplied For
21		26				58-2000024			ot Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X		Additional equired		
City & State	9	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			May be to Fees
Zip	Country	Zip	C	ountry		8. This corporation has liability for i	ntangible	tax under s	. 199.032,
24	25	29	30		·		Yes [		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	platered A	igent	
		•		81	Name				
	MARCUS E.			82 Street Address (P.O. Box Number is Not Acceptable)					
	ST EIGHTH STREET			83					<del> </del>
JACKSU	MILLE FL 32209			83					
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statu	tes, the	above-r	amed co	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of	changing if	ts registered
onice or r agent I a	egistered agent, or born, in the State im familiar with and accept the oblig	ations of, Section 617.0503, Fl	aumoni Iorida S	zeci by tr tatules.	ne corpore	ation's board or directors. I hereby accep	t the appo	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag		_			uired when reinstating)	DATE	1/22/4	7
12.		ID DIRECTORS	L: Hegisti		signature req	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	C	DELETE		I TITLE	C			Change	RS IN 12  Addition
NAME	WILSON, KEN	<b>—</b>		NAME		erry Miller			
STREET ADDRESS	3825 UNIVERSITY BLVD			STREET AD		350 13th Avenue So	uth		
CITY-ST-ZIP	JACKSONVILLE FL		13	CITY-ST-		acksonville Beach,		32250	0
TITLE	8	X DELETE	2.1	TITLE	VI			☐ Change	Addition
NAME	JIM CONZEMIUS		2.2	NAME	Li	arry Freeman			
STREET ADDRESS	400 HEALTH PARK BLVD		2.8	STREET AC		00 Prudential Driv	е		
CITY-S1-ZIP	ST AUGUSTINE FL		2.	4 CITY-ST-			2207		
TITLE	T	☐ DELETE	3.1	TITLE	S	<del></del> -		Change	X Addition
NAME	DREWA, MARCUS			NAME		arry Read			
STREET ADDRESS	580 W 8TH ST		3.3	STREET AC		201 Belfort Road			
CITY-ST-ZIP	JACKSONVILLE FL	NA Commerce	_	I. CITY-ST-	ZIP J	acksonville, FL 3	2216	<del></del>	
TITLF	D	<b>₩</b> DELETE	- 1	TITLE				Change	Addition
NAME	HIGGINS, MICHAEL			2 NAME					
STREET ADDRESS	655 W 8TH STREET			STREET AL					
CITY - \$1 - ZIP	JACKSONVILE FL	☐ OELETE	~~~	CITY-ST-	ZIP			Change	Addition
TITLE	D D	בן טנננונ	4	1 TITLE	ł			□1 Cusude	LI Addition
NAME	KREIGER, BOB   Orange Park Medical Ce	NTED		NAME					
STREET ADDRESS	ORANGE PARK MEDICAL CE	HIEU		STREET AC					
CITY - ST - ZIP	D UHANGE PAHK FL	DELETE	_	I CITY-ST- I TITLE	ZIP			Change	Addition
TITLE		□ perete						CT ORING	THE MORNING!
NAME CARCEL ARROSON	JOHNSON, JIM		ı	NAME					
STREET ADORESS	1800 BARRS ST   JACKSONVILLE FL			STREET AL					
CITY-ST-ZIP	by certify that the information symple	ad with this filing does not avail		CITY-ST-		ad in Section 119.07/3/(i) Florida Statuto	a I fi untha a a	namifu that	

4. 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 feotiver 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:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

904-798-8200

Daytima Phone & Comp. 4.00

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N31236

(5)

	ADI MIDA	ABARTELIA		ASSOCIATION.	ILIA
R#	TIME DISTRICT		SI III III AATT	ACCIDIDADA	IMI:
	UNLANUU	AVIAILUII	UVIIUALL	RUUVVIRIIVIT	IIIU.

METRO ORLANDO AMATEUR SOFTBALL ASSOCIATION, INC.										
Principal Plac	e of Business	Mailing Address			T JABERKAN BAR INJAN NITUR TIDDS MIND	ATII BEDEL ETBEL OTATI OFF	II BHOH BIRII IOO			
C/O FRAN CAR 11 N. FOREST APOPKA FL 32	AVENUE	P.O. BOX 948305 MAITLAND FL 32794-8300 US	5							
US					3. Date Incorporated or Qualified 03/17/1989	3a. Date of Las 04/16/				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For			
21	H	26			NOT APPLICABLE		Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	5 Additional Required			
City & State	e	City & State			6. Election Campaign Financing		00 May Be			
<b>Z</b> ip	Country	Zip	Country		Trust Fund Contribution		ed to Fees			
24	25	29	30	y	This corporation has liability for Florida Statutes	intangible tax unde Yes 😿 No	or s. 199.032,			
	9. Name and Address of Current		1901		10. Name and Address of New Re					
			81	Name						
	vay, tony _ street		82	Street /	Address (P.O. Box Number is Not Acceptat	ole)				
	BERRY FL 32707		83			·····				
			84	City		<b>E</b> 1 85 Z	ip Code			
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617,1508, Florida State of Florida, Such change was	utes, the above	e-named y the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing the appointment	g its registered as registered			
agent. i a	m familiar with, and accept the obligat	ions of, Section 617.0503, F	-lorida Statute	8.			:			
SIGNATURE .	Signature, typed or printed name of registered agen	and title if anniicable (NC	OYF Registered Ac	ent skroative	required when reinstating)	DATE				
12.	OFFICERS AND		13.	or it originates to	ADDITIONS/CHANGES TO OFFICE		ORS IN 12			
TITLE	D	DELETE	1.1 TITLE		PD	Chang				
NAME	MARTIN, MARK		1.2 NAME			III 7770	e de la Maria			
STREET ADDRESS	1947 EXCALIBUR DRIVE		1.3 STREE	ADDRESS	WALTER ELLINGSWORT	n, uk.				
CITY-SI-7IP	ORLANDO FL		1.4 CITY-1	ST-ZIP	501 SPRINGVIEW DR.	•				
THTLE	PD	DELETE	21 TITLE		SANFORD, FL 3277	Chang	pe 🔲 Addition			
NAME	ANGY, BARBARA		2.2 NAME	Ì	***					
STREET ADDRESS	6347 MEADOW RIDGE LANE		23 STREE	T ADDRESS						
DITY-ST-7/P	ORLANDO FL		2. 4 DITY-	ST-ZIP						
THLE	PD	DELETE	3.1 TITLE			Chang	e Addition			
NAME	HULTIN, MARC		3.2 NAME							
STREET ADDRESS	27 E YALE ST		3.3 STREET	ADDRESS						
CITY - ST - ZIP	ORLANDO FL	·	3.4. CITY -	ST-ZIP						
TITLE	PD	☐ DELETE	4.1 TITLE	l		☐ Chan	e Addition			
NAME	CLARKE, CORY		4. 2 NAME	-						
STREET ADDRESS	400 LAEXANDRIA BLVD			ADDRESS						
CITY-ST-ZIP	OVIEDO FL	T becer	4.4 CITY-1	ST - ZIP						
TITLE	DPC	DELETE	5.1 TITLE			☐ Chang	je 🔲 Addition			
NAME	GALLOWAY, TONY		5.2 NAME		•					
STREET ADORESS	179 HILL STREET		5.3 STREE	ADDRESS						
CITY-ST-2IP	CASSELBERRY FL	- Driette	5.4 CITY - 1	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	DT TEOD!	DELETE	6.1 TITLE			☐ Chang	je 🔲 Addition			
NAME CIRCET ADDRESS	OWEN, TERRI		6.2 NAME							
STREET ADDRESS	11 N. FOREST AVE.		6.3 STREET							
City-S1-ZiP 14. I do heret	APOPKA FL 32703  by certify that the information supplied	with this filing does not our	6.4 CITY-1	mption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certify th	net 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:** 

407-495-6660 Daytime Phone 9 0015577