

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49801** (6)

1. Corporation Name

THE VAUGHN-JORDAN FOUNDATION, INC.



Principal Place of Business	Mailing Address
1900 PHILLIPS POINT WEST 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	1900 PHILLIPS POINT WEST 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401-6161

3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 65-0362992	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WATT, JAMES L. 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, CLARENCE R. JR.	1.2 NAME	
STREET ADDRESS	ROCKDALE COUNTY COURTHSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONYERS GA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, JAMES A JR.	2.2 NAME	
STREET ADDRESS	9340 BALADA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATT, JAMES L.	3.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DR., 1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGHN, C. R III	4.2 NAME	VAUGHN, C. ROLAND, III
STREET ADDRESS	1184 SCOTT STREET, SE	4.3 STREET ADDRESS	1184 Scott Street, SE
CITY-ST-ZIP	CONYERS GA	4.4 CITY-ST-ZIP	Conyers, GA 30207
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGHN, JAMES P DR.	5.2 NAME	VAUGHN, JAMES P. DR.
STREET ADDRESS	3328 SWANSEE ST.	5.3 STREET ADDRESS	3328 Swansee Street
CITY-ST-ZIP	DURHAM NC	5.4 CITY-ST-ZIP	Durham, NC 27707
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: James L. Watt **JAMES L. WATT** 2/2/97 561-650-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038052

CR2E037 (9/96)