

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004803 (3)**  
1. Corporation Name  
**EARTH DAY JACKSONVILLE, INC.**



Principal Place of Business <b>421 W CHURCH ST SUITE 412 JACKSONVILLE FL 32202</b>	Mailing Address <b>421 W CHURCH ST SUITE 412 JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>10/25/1993</b>	
4. FEI Number <b>59-3238364</b>	Applied For Not Applicable

2. Principal Place of Business 21 <b>117 W. Duval Street</b> Suite, Apt. #, etc. 22 <b>Suite 225</b> City & State 23 <b>Jacksonville, Florida</b> Zip 24 <b>32202</b>	2a. Mailing Address 26 <b>117 W. Duval Street</b> Suite, Apt. #, etc. 27 <b>Suite 225</b> City & State 28 <b>Jacksonville, Florida</b> Zip 29 <b>32202</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCHNABEL, SUZANNE M  
1600 AMERICAN HERITAGE TOWER  
76 S LAURA ST  
JACKSONVILLE FL 32202**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELLHORN, JOHN M</b>	
STREET ADDRESS	<b>421 W CHURCH ST SUITE 412</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VELETA, CHRISTI</b>	
STREET ADDRESS	<b>421 W CHURCH ST SUITE 412</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, ANN C</b>	
STREET ADDRESS	<b>5934 RICHARD ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBBIE BINGHAM</b>	
STREET ADDRESS	<b>1824 N. 3RD ST.</b>	
CITY-ST-ZIP	<b>JAX BCH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHN ABARBER</b>	
STREET ADDRESS	<b>500 WATER ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ERIN HART</b>	
STREET ADDRESS	<b>7825 BAYMEADOWS WAY STE 200B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John M. Shellhorn</b>	
1.3 STREET ADDRESS	<b>117 W. Duval Street, Suite 275</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, Florida 32202</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Christi Veleta</b>	
2.3 STREET ADDRESS	<b>117 W. Duval Street, Suite 225</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vonda Sexton</b>	
4.3 STREET ADDRESS	<b>Independant Drive, Suite 3232</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville, Florida 32202</b>	
5.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jackie Eldridge</b>	
5.3 STREET ADDRESS	<b>515 N. Laurel, 6th Floor</b>	
5.4 CITY-ST-ZIP	<b>Jacksonville, Florida</b>	
6.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ERIN HART</b>	
6.3 STREET ADDRESS	<b>7825 Baymeadows Way Ste 200B</b>	
6.4 CITY-ST-ZIP	<b>Jacksonville, Florida</b>	

14. 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 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: Christi Veleta Christi Veleta 1-12-98 904-630-3692

CP2E037 (10/97)