NONPROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS 3740 BEACH BLVD SUITE 300



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005339 1. Corporation Name

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90073 040 ****61.25

DEMETREE FAMILY FOUNDATION, INC.													
Principal Place of Business Mailing Address C/O ELISA A. DEMETREE 3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207 Mailing Address C/O ELISA A. DEMETREE 3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207)						
2. Principal Pi	Mailing Address	g Address				3.	Date Incorporated or Qualifed						
21				26					4	10/14/1996 FEI Number		united Con	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						59-3407379		plied For of Applicable	
City & State				City & State							\$8.75		
City & State				28					5.	Certificate of Status Desired	Fee Re		
Zip Country						Country			6.	Election Campaign Financing	\$5.00	May Be	
24	25		29		30					Trust Fund Contribution	Added	to Fees	
	9. Name an	d Address of Current	Regist	ered Agent		81	,		10.	Name and Address of New Registered	Agent		
								Name				•	
DEMETREE, ELISA A						82		Street Addres	s (P	.O. Box Number is Not Acceptable)			
3740 BEACH BLVD SUITE 300						22	L						
JACKSONVILLE FL 32207						83	1						
						84		City		FL	- 1	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													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg							nt s	signature required w	hen r	einstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	
12.		OFFICERS AND	DIREC	DELETE		13.	_	····		ADDITIONS/CHANGES TO OTTICENS A	Change	Addition	
TITLE	D	1404.0				1.2 NAME							
NAME	DEMETREE,												
STREET ADDRESS		H BLVD SUITE 300					1.3 STREET ADDRESS						
CITY-ST-ZIP		LLE FL 32207					2.1 TITLE				Change	☐ Addition	
l i	DEMETREE, BETTY A			_		2.2 NAME							
NAME STREET ADDRESS							3 STREET ADDRESS						
	3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207						2.4 CITY-ST-ZIP			1 -	_		
CITY-\$T-Z#P	D	LLE I E JZZUI		☐ DELETE	_	3.1 TITLE	-				☐ Change	☐ Addition	
NAME	DEMETREE, MARK C						3.2 NAME						
STREET ADDRESS		1 BLVD SUITE 300			ı	3.3 STREE	TAI	ODRESS		•			
CITY-ST-ZIP	JACKSONVILLE FL 32207				- 1	3.4. CITY-5	.ZIP						
TITLE					4.1 TITLE					Change	Addition		
NAME	DEMETREE, JACK C JR				4. 2 NAME								
STREET ADDRESS		H BLVD SUITE 300			ı	4.3 STREE	TA	ODRESS					
CITY-ST-ZIP	JACKSONVI	LLE FL 32207				4.4 CITY-S	T-2	ZIP					
TITLE	D	•		☐ DELETE	1	5.1 TITLE					Change	Addition	
NAME	DEMETREE,	ELISA A			1	5.2 NAME							
STREET ADDRESS	3740 BEACH	H BLVD SUITE 300				5.3 STREE				•			
CITY-ST-ZIP	JACKSONVI	LLE FL 32207			_	5.4 CITY-S	T-2	ZIP				- A	
TITLE	D			☐ DELETE	ı	6.1 TITLE				:	Change	☐ Addition	
NAME	Doherty, I					6.2 NAME				•			
STREET ADDRESS	12740 REACI	A BLVD CHITE 300			Į į	6.3 STREE	ΙA	UUKESS				1	

JACKSONVILLE FL 32207 CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(904) 398-7350