2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003391

FILED Jan 19, 2004 Secretary of State

Entity Name: OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.

BENNETT, MICHAEL W 8702 COMO LAKE DRIV 9702 COMO LAKE DRIV 9703 LACKSONVILLE, FL 32 The above named entity in the State of Florida. SIGNATURE: Electro OFFICERS AND DIRECT Title: DP (Name: NIGHTINGALE Address: 5193 CHARLE City-St-Zip: JACKSONVILLE Title: DS (Name: FOSTER, DAV	ss: BLVD. 210 FEI Number Applied For () FI Current Registered Agent: //E 256 US submits this statement for the purpo	El Number Not App Name and	Address of New Registered Agent: its registered office or registered agent, or both,		
Current Mailing Addre 4495-304 ROOSEVELT PMB #205 JACKSONVILLE, FL 32 FEI Number: 59-3516602 Name and Address of BENNETT, MICHAEL W 8702 COMO LAKE DRIV JACKSONVILLE, FL 32 The above named entity in the State of Florida. SIGNATURE: Electro OFFICERS AND DIRECTION Title: Name: NIGHTINGALE Address: 5193 CHARLE City-St-Zip: JACKSONVILLI Title: DS (Name: FOSTER, DAN PM CONTRES AND CITE CITY-ST-ZIP CITY-ST-ZIP DS (Name: POSTER, DAN CONTRES AND CONTRES CITY-ST-ZIP DS (Name: NOTER ADD CONTRES CITY-ST-ZIP CON	BLVD. 210 FEI Number Applied For () FI Current Registered Agent: (/E 256 US submits this statement for the purpo	El Number Not App Name and	licable () Certificate of Status Desired () I Address of New Registered Agent: its registered office or registered agent, or both,		
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in the State of Florida. SIGNATURE: Electro OFFICERS AND DIRECT Title: Name: NIGHTINGALE Address: 5193 CHARLE City-St-Zip: JACKSONVILI Title: DS (Name: FOSTER, DAN	nic Signature of Registered Agent		Date		
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Name: NIGHTINGALE Address: 5193 CHARLE City-St-Zip: JACKSONVILI Title: DS (Name: FOSTER, DAV		Title:	() Change () Addition		
City-St-Zip: JACKSONVILI Title: DS (Name: FOSTER, DAV	, GAY	Name:	()		
Title: DS (Name: FOSTER, DAN	MAGNE ROAD	Address:			
Name: FOSTER, DAV	11, 11 32210 03	City-St-Zip:			
) Delete	Title:	DS (X) Change () Addition		
		Name:	MCPHEETERS, MARTHA		
Address: 6804 HOWAL* City-St-Zip: JACKSONVILI	E, FL 32277 US	Address: City-St-Zip:	5937 CARREVERO DRIVE SOUTH JACKSONVILLE, FL 32216 US		
) Delete	Title:	()Change ()Addition		
Name: BENNETT, MIC Address: 8702 COMO L		Name: Address:			
City-St-Zip: JACKSONVILI	E, FL 32233	City-St-Zip:			
Title: DV () Delete	Title:	() Change () Addition		
Name: MCDONAGH,	LAURIE	Name:			
Address: 2636 FOREST		Address:			
City-St-Zip: JACKSONVILI	E EL 20067	City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. BENNETT DT 01/19/2004