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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

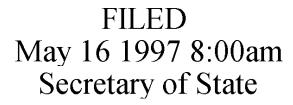
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, IN C.





Principal Place of Business		Mailing Address	Mailing Address			ı (millin şabin bibli fabin sıbın bibli fabin sıbın oldık bibli oldın olduk bilin dibin bibli nabi			
1468 HENDRICKS AVENUE JACKSONVILLE FL 32207		1468 HENDRICKS AVENUE Jacksonville fl 32207-6623							
						3. Date Incorporated or Qualified 05/31/1979	3a. Dat	te of Last R 3/18/199	eport)6
· ·	Place of Business	2a. Mailing Address				4. FEI Number 50-2140970)	plied For
21 Suite, Apt #, etc.		26				59-2149870	Not Applicable		
	ol #, e1c.	Suite, Apt. #, etc.	•			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	ate	City & State	<u></u>			6. Election Campaign Financing		\$5.00	<u> </u>
23		28				Trust Fund Contribution		Added 1	
Zip	Country	Žip	Cot	untry		8. This corporation has liability for i			. 199.032,
24	25	29	30				Yes 🗌	<u> </u>	
	9. Name and Address of Co	urrent Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
				"	иатте				
MEIDES, MOSES 817 NORTH MAIN ST				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	ONVILLE FL 32202			83					
JACKS	UNVILLE PL 32202			Ш					
				84	City		FL	85 Zip	Code
office or agent. I	r registered agent, or both, in the lift I am familiar with, and accept the c	State of Florida. Such change vobligations of, Section 617.0503	was authorize 3, Florida Sta	ed by talutes.	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ot the appo	sintment as	registered
	Signature, typed or printed name of register				t signature requir	red when reinstating)	DATE	DIDECTOR	20 41 40
12.	PD	S AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Additio
NAME	OSBORNE, L. F.			NAME			'	C Olympia	
STREET ADDRESS	ATIA BIOLEDA LALIE		•		VDDRESS				
CITY-\$1-ZIP	JACKSONVILLE FL			CITY-ST					
TITLE	STD								Additio
NAME	CROFT, J. P., JR.	DELETE	: 2.1 Ti	TITLE				Change	Lag ridding
		DELETE	1	ITLE NAME			,	Change	Lagriconia
STREET ADDRESS	AA - A AAGAAN WALKEL GEGET	DELETE	2.2 N	NAME	ADDRESS :			Change	Las Producti
STREET ADDRESS CITY-ST-7IP		_	2.2 N 2.3 S 2.4 C	NAME					
	S 6851 MCMULLIN STREET JACKSONVILLE FL VD	☐ DELETE	2.2 N 2.3 S 2.4 C	NAME STREET A CITY - ST				Change Change	
CITY-ST-7IP	8 6851 MCMULLIN STREET JACKSONVILLE FL VD WESLEY, ROYAL	_	22 N 23 S 2.4 C E 3.1 Tl 32 N	NAME STREET A CITY - ST TITLE NAME	r - ZIP				
CITY-ST-ZIP TITLE	S 6851 MCMULLIN STREET JACKSONVILLE FL VD WESLEY, ROYAL S 1819 HILLTOP BLVD.	_	22 N 23 S 2.40 E 3.1 Ti 32 N 3.3 S	NAME STREET A CITY-ST TITLE NAME STREET A	1-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 6851 MCMULLIN STREET JACKSONVILLE FL VD WESLEY, ROYAL	☐ DELETE	22 N 23 S 2.4 C E 3.1 Ti 32 N 3.3 S 3.4 C	NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	1-ZIP			☐ Change	☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S 6851 MCMULLIN STREET JACKSONVILLE FL VD WESLEY, ROYAL S 1819 HILLTOP BLVD.	_	22 N 23 S 2.4 C E 31 Ti 32 N 33 S 34 C	NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	1-ZIP				☐ Additio
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so wint this filing does not quality for the exemption stated in Section 1.19.07(3)(1), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is, the control of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name information indicated or I am an officer or dire appears in Block 12