FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

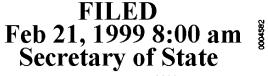


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18576 1. Corporation Name



02-21-1999 90056 016 ****61.25

EL DE IF	TEL DEVELOPMENT CENT	ER, INC.								
Principal Place of Business Mailing Address										
725 WEST FOURTH ST. JACKSONVILLE FL 32209 P.O. BOX 3575 JACKSONVILLE FL 32 US										
2. Principal P	lace of Business	2a. Mailing A	ddress				Date Incorporated or Qualifed			-, -
21		26					12/31/1986			
Suite, Apt.	#, etc.	— · `	Suite, Apt. #, etc.				4. FEI Number 59-2845839			plied For at Applicable
22 City & Stat	9	27 City & St	ate						\$8.75	
23	G	28	ui.				5. Certifcate of Status Desired		Fee Re	
Zip	Country	Zip		Coun	try		6. Election Campaign Financing		\$5.00	May Be
24	25	29		30			Trust Fund Contribution		Added t	
	9. Name and Address of Currer	nt Registered Age	nt		1		10. Name and Address of New R	egistered	Agent	
				{	81	Name				
GREGORY, RODNEY G P.A.				ī	32	Street Add	Iress (P.O. Box Number is Not Acceptable)			
	antic Blvd. Wille FL 32207			1	33					
JACKSON	IVILLE FL 32201			<u>,</u>	84	City			85 Zip C	Code
						-		FL	.	
office or r agent. I a	to the provisions of Sections 617.05t egistered agent, or both, in the State in familiar with, and accept the obligation familiar with a compared to the obligation of the control of the	of Florida, Such c	handa was al	uthonzed I	hv t	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	t the appoi	ntment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered age		(NOTE		gent	signature requir	ed when reinstating)	DATE		
12.	Y	ND DIRECTORS	3 DC: CTC	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	PD	L	DELETE	1.1 TITL					Change	
NAME	HALL, LORENZO, SR.			1.2 NAM		ADDRESS				
STREET ADDRESS				1.4 CITY						
CITY-ST-ZIP TITLE	JACKSONVILLE FL TSD		DELETE	2.1 TITL		- <u>Z</u> F			Change	Addition
NAME	HALL, WRIGHT LEOLA B.	_	_	2.2 NAM						
STREET ADDRESS				2.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206			2.4 CIT	Y-ST	r-ZIP		-		
TITLE	VD UPSON,		DELETE	3.1 TTTL	E				☐ Change	☐ Addition
NAME	DANIELS, CAROLYN L.			3.2 NAM	Œ					
STREET ADDRESS				3.3 STR	EET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CIT	Y-ST	r-zip				
TITLE	D	[DELETE	4.1 TITL	E				☐ Change	☐ Addition
NAME	MAXWELL, LELIA,			4. 2 NAJ	ΝE					
STREET ADDRESS	1548 E. 25 ST.			4.3 STR	EET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206		7 551 575	4.4 CITY		-ZIP			Change	Addition
TITLE		L	DELETÉ	5.1 TITL 5.2 NAM					☐ Change	L.J Addition
NAME						ADDRESS				
STREET ADDRESS				5.4 CITY						
CITY-ST-ZIP			DELETE	6.1 TTTL		-UF			☐ Change	Addition
TITLE		L	T DEFEIE	6.2 NAW					C) criange	,
NAME						ADORESS				
STREET ADDRESS				6.4 CITY		1	· .			
CITY, ST. 7ID				= 0.4 0111	31					

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 frue 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address, with all other like empowered.

SIGNATURE:

904-358-8932