

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702639** (6)

1. Corporation Name

JACKSONVILLE UNIVERSITY PROPERTIES, INC.



Principal Place of Business

Mailing Address

**JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD NORTH
JACKSONVILLE FL 32211**

**JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD NORTH
JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified

06/30/1961

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODMAN, JERRY
2800 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOORER, JOSEPH	
STREET ADDRESS	547 LEMASTER DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOODMAN, JERRY	
STREET ADDRESS	130 GLEN COVE PL	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALKER, BILLY J.	
STREET ADDRESS	3930 ALHAMBRA DR W	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, JAMES J.	
STREET ADDRESS	4544 MAYWOOD DR.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALEXANDER, JOHN H. J	
STREET ADDRESS	12851 MUIRFIELD BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JESSE	
STREET ADDRESS	2280 SHEPARD ST	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald W. Drucker	
1.3 STREET ADDRESS	251 Crandon Blvd.	
1.4 CITY - ST - ZIP	Key Biscayne, FL 33149	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul S. Tipton	
4.3 STREET ADDRESS	2800 University Blvd. N.	
4.4 CITY - ST - ZIP	Jacksonville, FL 32211	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jerry Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Goodman

2/9/96

Date

904-745-7024

Daytime Phone #

CR2E037 (12/95)