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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 702860 (8)
1. Corporation Name
FEDERATED GARDEN CIRCLES, INC. OF JACKSONVILLE, FLORIDA

Principal Place of Business Mailing Address
1463 MCCONNIE ST. JACKSONVILLE FL 32209 1463 MCCONNIE ST. JACKSONVILLE FL 32209-6261

3. Date Incorporated or Qualified 06/06/1961 3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 51-0182665 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LOCKWOOD, THERESA B.
1444 W. 13TH ST.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ALEXANDER, NEALY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD CARLOTTA T. MCINTOSH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NEALY	1.2 NAME	CARLOTTA T. MCINTOSH
STREET ADDRESS	4200 CARROLL DR	1.3 STREET ADDRESS	7051 ALAN AVE
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE	VD HOWARD, HAZEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD BARBARA GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HAZEL	2.2 NAME	BARBARA GARY
STREET ADDRESS	1238 W. 12TH STREET	2.3 STREET ADDRESS	8329 EARL CIRCLE WEST
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32219
TITLE	SD MCINTOSH, CARLOTTA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD MARJORIE NEAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, CARLOTTA	3.2 NAME	MARJORIE NEAL
STREET ADDRESS	7051 ALAN AVE	3.3 STREET ADDRESS	2481 W. 23RD ST
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	TD FORD, ADDIE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD FEWEL T. HOLLOWAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ADDIE	4.2 NAME	FEWEL T. HOLLOWAY
STREET ADDRESS	4298 FRANCIS RD	4.3 STREET ADDRESS	6189 SPIRA ST
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	M FORD, ADDIE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	M CARLOTTA T. MCINTOSH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ADDIE	5.2 NAME	CARLOTTA T. MCINTOSH
STREET ADDRESS	4298 FRANCIS RD	5.3 STREET ADDRESS	7051 ALAN AVE
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: CARLOTTA T. MCINTOSH *CarloTTa T. McIntosh* 4-11-97 904 764-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006155

CR2E037 (9/96)