FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703194** **(1)**

1. Corporation Name
THE DELIUS ASSOCIATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2800 UNIVERSITY BLVD., N. P.O. BOX 5621 JACKSONVILLE FL 32247-2621	2800 UNIVERSITY BLVD., N. P.O. BOX 5621 JACKSONVILLE FL 32247-2621

3. Date Incorporated or Qualified: **11/15/1961**
3a. Date of Last Report: **05/24/1994**
4. FEI Number: **59-1098233** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PARDEE,RUSSELL J.
1909 SEMINOLE ROAD
ATLANTIC BCH FL 32233

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: ~~Russell J. Pardee~~ RJP — ~~4/26/95~~ RJP
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	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	~~NEELEY, BACKSTROM B.~~	1.2 NAME	SHRIVER, MRS. DORIS	
STREET ADDRESS	~~8541 ANDALOMA ST.~~	1.3 STREET ADDRESS	13919 SHIPWRECK CIRCLE N.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, PAULA S	2.2 NAME		
STREET ADDRESS	3500 UNIVERSITY BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	PARDEE,RUSSELL J.	3.2 NAME		
STREET ADDRESS	1909 SEMINOLE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH FL 32233	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WOOSLEY, JACK	4.2 NAME		
STREET ADDRESS	403 ABINGDON PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	V/D	5.1 TITLE		☐ Change ☐ Addition
NAME	DRIGGERS, JEFF	5.2 NAME		
STREET ADDRESS	2268 LAKE SHORE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TUNSTALL, DOROTHY	6.2 NAME		
STREET ADDRESS	3733 CULP DRI	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: Russell J. Pardee ~~Russell J. Pardee~~ 4/20/95 (904) 246-9457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00014A6