

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 # 703194 (1)

1. Corporation Name

THE DELIUS ASSOCIATION OF FLORIDA, INC.



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
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1098233

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	SHRIVER, MRS. DORIS	
STREET ADDRESS	13919 SHIPWEEK CIRCLE N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCINTYRE, PAULA S	
STREET ADDRESS	3500 UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARDEE, RUSSELL J.	
STREET ADDRESS	1909 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOSLEY, JACK	
STREET ADDRESS	403 ABINGDON PL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	DRIGGERS, JEFF	
STREET ADDRESS	2268 LAKE SHORE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUNSTALL, DOROTHY	
STREET ADDRESS	3733 CULP DRI	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEELEY, MRS. ADRIENNE	
1.3 STREET ADDRESS	8541 ANDALOMA STREET	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN HOFFMAN	
4.3 STREET ADDRESS	8343 PRINCETON SQ. #1706	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANKLIN LIEBER	
5.3 STREET ADDRESS	2050 COLLEGE STREET	
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32204	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HENRY CORNELLY	
6.3 STREET ADDRESS	2105 BELOTE PLACE	
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	

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: **Russell J. PARDEE** *Russell J. Pardee* 4/10/96 (904) 246-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)