FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 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 # **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 32247-5621

3. Date Incorporated or Qualified: **11/15/1961**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~NEELEY, MRS. ADRIENNE~~		1.2 NAME	Mrs. Margaret Fleet	
STREET ADDRESS	~~8541 ANDALOMA STREET~~		1.3 STREET ADDRESS	825 Waterman Road So.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		1.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	SD	☐ DELETE	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	☐ DELETE	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	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~HOFFMAN, JOHN~~		4.2 NAME	Dr. Thomas Owen	
STREET ADDRESS	~~8343 PRINCETON SQAURE #1706~~		4.3 STREET ADDRESS	1556 River Bluff Road	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		4.4 CITY-ST-ZIP	Jacksonville FL 32211	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LIEBER, FRANKLIN		5.2 NAME		
STREET ADDRESS	2050 COLLEGE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORNELY, HENRY		6.2 NAME		
STREET ADDRESS	2105 DELOTE PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Russell J. Pardee TD — 3-10-97 — (904)-246-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

#0006619