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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703194 (1)
1. Corporation Name
THE DELIUS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business Mailing Address
2800 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211 **P.O. BOX 5621 JACKSONVILLE FL 32247-5621**

3. Date Incorporated or Qualified **11/15/1961** Last Report **3/10/97**
4. FEI Number **59-1098233** Applied For ☐ Not Applicable ☐

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**PARDEE, RUSSELL J.
1909 SEMINOLE ROAD
ATLANTIC BEACH 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
TITLE P ☒ DELETE
NAME **FLEET, MRS. MARGARET**
STREET ADDRESS **825 WATERMAN ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32207**
TITLE SD ☒ DELETE
NAME **MCINTYRE, PAULA S.**
STREET ADDRESS **3500 UNIVERSITY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**
TITLE RD ☐ DELETE
NAME **PARDEE, RUSSELL J.**
STREET ADDRESS **1909 SEMINOLE ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**
TITLE D ☐ DELETE
NAME **OWEN, DR. THOMAS**
STREET ADDRESS **1556 RIVER BLUFF ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**
TITLE VD ☒ DELETE
NAME **LEIBER, FRANKLIN**
STREET ADDRESS **2050 COLLEGE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**
TITLE D ☐ DELETE
NAME **CORNELY, HENRY**
STREET ADDRESS **2105 BELOTE PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME **LEIBER, FRANKLIN**
1.3 STREET ADDRESS **2050 COLLEGE STREET**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32204**
2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME **STEWART, DR. SANDRA K.**
2.3 STREET ADDRESS **2800 UNIVERSITY BLVD. N.**
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **WRIGHT, DR. JESSE G.**
5.3 STREET ADDRESS **2800 UNIVERSITY BLVD. N.**
5.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **200002547872**
6.3 STREET ADDRESS **-06/04/98--01070--023**
6.4 CITY-ST-ZIP *****\$1.25**

14. I 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* T.D. 5-12-98 (904) 246-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)