NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90147 020 ****61.25

DOCUMENT # 703194

THE DELIUS ASSOCIATION OF FLORIDA, INC.

Fillicipal Flace of busine	333
2800 UNIVERSITY BLVD JACKSONVILLE FL 32211	N.

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 5621

JACKSONVILLE FL 82211

32247-5621

Date Incorporated or Qualifed

11/15/1961

21		26			11/15/1961					
	Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		Applied For			
22		27			59-1098233		Not Applicable			
City & State City & State				5. Certificate of Status Desired		\$8.75 Additional				
28					5. Certificate of Status Desired Fee Required					
Zip	Country Zip Cou				6. Election Campaign Financing \$5.00 May Be					
24	25	29 30	0		Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Name						
PARDEE,RUSSELL J.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
1909 SEMINOLE ROAD			-	Street Address (F.O. DOX Matrix is Not Acceptable)						
ATLANTIC BCH FL 32233			83							
ATLANTIC DOTI FE 32233			-	0.1		los l	Zin Code			
			84	City		FL 85	Zip Code			
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the above	-named con	poration submits this statement for the pu	pose of changir	ng its registered			
office or r	registered agent, or both, in the State o	f Florida. Such change was auth	ionzed by	tne corporat	tion's board of directors. I hereby accept the	ne appointment	as registered			
agent. I a	im familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes.	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	t signature requir	red when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12			
TITLE	-SD-	▼ DELETE	1.1 TITLE		D	Cha	ange Addition			
NAME **	STEWART, SANDRA K DR.		1.2 NAME	(CLARK, VIVIAN R.					
STREET ADDRESS	AAAA LINII ESSITU BUUS N		1.3 STREET	ADORESS	1213 MAPLETON ROAD					
CITY-ST-ZIP	JAGKSONVILLE-FL-32211-		1.4 CITY-ST		JACKSONVILLE FL 323	207				
TITLE	VD	☐ DELETE	2.1 TITLE		,	Cha	ange Addition			
NAME	WRIGHT, JESSE G DR.		2.2 NAME			·	•• 1			
STREET ADDRESS			2.3 STREET	ADORESS						
-	JACKSONVILLE FL 32211		2.4 CITY-S							
CITY-\$T-ZIP	TD	□ DELETE	3.1 TITLE	1-21		Cha	ange			
	PARDEE,RUSSELL J.		3.2 NAME			_	-			
NAME			3.3 STREET	ADDDECC						
STREET ADDRESS										
CITY-ST-ZIP	ATLANTIC BCH FL 32233	DELETÉ	3.4. CITY-S 4.1 TITLE	1-217		☐ Cha	ange Addition			
TITLE	į –	- Deceile	4.1 IIILE				- J			
NAME	OWEN, THOMAS D		1	ADDOCCO						
STREET ADDRESS	1556 RIVER BLUFF ROAD		4.3 STREET							
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST 5.1 TITLE	[-ZIP]		☐ Cha	ange Addition			
TITLE	P FDANKIN	C) Néreie	5.1 311LE 5.2 NAME							
NAME	LIEBER, FRANKLIN		5.3 STREET	ADODESS						
STREET ADORESS				1						
CITY-ST-ZIP	JACKSONVILLE FL 32204	☐ DELETE	5.4 CITY-\$1 6.1 TITLE	1.71		☐ Cha	ange Addition			
TITLE	D		6.2 NAME	ł			m-86 🔲 vocinoii			
NAME	CORNELY, HENRY									
STREET ADDRESS	[6.3 STREET							
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST	r-ZSP						

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, with all other like empowered.

SIGNATURE: