

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 # 703884 (7)
1. Corporation Name
GREATER JACKSONVILLE CHAPTER OF SPEBSQSA, INC.



Principal Place of Business 2212 FLEET LANDING BLVD ATLANTIC BEACH FL 32233 US	Mailing Address 2212 FLEET LANDING BLVD ATLANTIC BEACH FL 32233 US
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3. Date Incorporated or Qualified 04/12/1962	3a. Date of Last Report 01/30/1995
4. FEI Number 59-6173071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25. Country	26. Country	27. Country	28. Country
29. Country	30. Country	31. Country	32. Country

9. Name and Address of Current Registered Agent

**LATTA, T. F.
2212 FLEET LANDING BLVD.
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	85 Zip Code
				FL

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	SD <input type="checkbox"/> DELETE
NAME	SMOYER, C.W.
STREET ADDRESS	401 DRIFTWOOD ROAD
CITY - ST - ZIP	NEPTUNE BCH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STEIN, HOWARD
STREET ADDRESS	8974 YARMOUTH ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WISH, JAMES R
STREET ADDRESS	5110 FLEET LANDING BLVD
CITY - ST - ZIP	ATLANTIC BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	LATTA, T. F.
STREET ADDRESS	2212 FLEET LANDING BLVD.
CITY - ST - ZIP	ATLANTIC BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, G.W.
STREET ADDRESS	2547 HYDE PARK RD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLVIN, L.P.
STREET ADDRESS	3550 SPRING PARK RD.
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *Thomas F. Latta* **Treasurer** *02/12/96* **(904) 249-AA23**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)