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Jan 23 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 # 703884 (7)
1. Corporation Name
GREATER JACKSONVILLE CHAPTER OF SPEBSQSA, INC.



Principal Place of Business Mailing Address
2212 FLEET LANDING BLVD ATLANTIC BEACH FL 32233 US
2212 FLEET LANDING BLVD ATLANTIC BEACH FL 32233-7512 US

3. Date Incorporated or Qualified 04/12/1962
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-6173071 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
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	SMOYER, C.W.	1.1 TITLE VD	BREEDON, JIM
NAME	401 DRIFTWOOD ROAD	1.2 NAME	8451 PIKES PEAK DRIVE, N
STREET ADDRESS	NEPTUNE BCH FL	1.3 STREET ADDRESS	JACKSONVILLE, FL 32244
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	STEIN, HOWARD	2.1 TITLE PD	MARGUARDT, CHARLES
NAME	8974 YARMOUTH ROAD	2.2 NAME	5AA DAVIS STREET
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	NEPTUNE BEACH, FL 32266
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	WISH, JAMES R	3.1 TITLE	
NAME	5110 FLEET LANDING BLVD	3.2 NAME	
STREET ADDRESS	ATLANTIC BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	LATTA, T. F.	4.1 TITLE STD	
NAME	2212 FLEET LANDING BLVD.	4.2 NAME	
STREET ADDRESS	ATLANTIC BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	ALLEN, G.W.	5.1 TITLE	
NAME	2547 HYDE PARK RD.	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	COLVIN, L.P.	6.1 TITLE VD	PARKER, DAVID
NAME	3550 SPRING PARK RD.	6.2 NAME	1739 LIVE OAK LANE
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	ATLANTIC BEACH, FL 32233
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: T. F. LATTA, SEC/TREAS T. F. Latta 4/10/97 904 249 4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006184

CR2E037 (9/96)