


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09 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 # 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		3. Date Incorporated or Qualified 04/12/1962	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREEDON, JIM		1.2 NAME		
STREET ADDRESS	8451 PIKES PEAK DR N		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARQUARDT, CHARLES		2.2 NAME		
STREET ADDRESS	5AA DAVIS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISH, JAMES R		3.2 NAME		
STREET ADDRESS	5110 FLEET LANDING BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		3.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATTA, T. F.		4.2 NAME		
STREET ADDRESS	2212 FLEET LANDING BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, G.W.		5.2 NAME		
STREET ADDRESS	2547 HYDE PARK RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, DAVID		6.2 NAME		
STREET ADDRESS	1739 LIVE OAK LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		6.4 CITY-ST-ZIP		

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: *Thomas F. Latte, STD* Jun 7, 1998 904 244-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)