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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703884

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/12/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6173071

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATTA, T. F.
2212 FLEET LANDING BLVD.
ATLANTIC BEACH FL 32233

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 DELETE

NAME BREEDON, JIM
STREET ADDRESS 8451 PIKES PEAK DR N
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE

NAME MARQUARDT, CHARLES
STREET ADDRESS 5AA DAVIS ST
CITY-ST-ZIP NEPTUNE BEACH FL

2.1 TITLE PD Change Addition

2.2 NAME LATTA, T.F.
2.3 STREET ADDRESS 2212 FLEET LANDING BLVD
2.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE VD DELETE

NAME WISH, JAMES R
STREET ADDRESS 5110 FLEET LANDING BLVD
CITY-ST-ZIP ATLANTIC BEACH FL

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD DELETE

NAME LATTA, T. F.
STREET ADDRESS 2212 FLEET LANDING BLVD.
CITY-ST-ZIP ATLANTIC BCH FL

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE

NAME ALLEN, G.W.
STREET ADDRESS 2547 HYDE PARK RD.
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD DELETE

NAME PARKER, DAVID
STREET ADDRESS 1739 LIVE OAK LN
CITY-ST-ZIP ATLANTIC BEACH FL

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 1999 (904) 249 8473
Date Daytime Phone #

CR2E037 (1/98)