

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 16 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 # 706602 (0)

1. Corporation Name

EARTHA M. M. WHITE HEALTH CARE, INC.

Principal Place of Business

5377 MONCRIEF RD.
JACKSONVILLE FL 32209

Mailing Address

5377 MONCRIEF RD.
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

12/26/1963

4. FEI Number

59-1082637

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AUSTIN, RONALD, ESQ.
1400 PRUDENTIAL DRIVE
SUITE 3
JACKSONVILLE FL 32207

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 617.0603, 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

TITLE ~~OPD~~ ☐ DELETE

NAME ~~THOMAS, PASTOR DAVID~~

STREET ADDRESS ~~11500 LAGUNA COURT~~

CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~VCVD~~ ☐ DELETE

NAME ~~CAMPBELL, WILLIAM M~~

STREET ADDRESS ~~1701 FIRST STREET UNIT A1~~

CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~S~~ ☐ DELETE

NAME ~~TAYLOR, HOWARD D~~

STREET ADDRESS ~~125 GLEN EAGLE COURT~~

CITY-ST-ZIP ~~PONTE VEDRA FL~~

TITLE ~~T~~ ☐ DELETE

NAME ~~WARREN, CLEVE E~~

STREET ADDRESS ~~10543 ARROWHEAD COURT~~

CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~AD~~ ☒ DELETE

NAME ~~ROGERS, BONNIE M~~

STREET ADDRESS ~~11000 CARAPAGE LANE~~

CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~GCRA~~ ☐ DELETE

NAME ~~AUSTIN, RONALD R~~

STREET ADDRESS ~~1400 PRUDENTIAL DR. STE. 3~~

CITY-ST-ZIP ~~JACKSONVILLE FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

C P D

☒ Change

☐ Addition

1.2 NAME

CAMPBELL, WILLIAM M.

1.3 STREET ADDRESS

1701 N. First St. A1

1.4 CITY-ST-ZIP

Jacksonville Beach, FL 32250

2.1 TITLE

VCVD

☒ Change

☐ Addition

2.2 NAME

WARREN, CLEVE

2.3 STREET ADDRESS

10543 Arrowhead Ct.

2.4 CITY-ST-ZIP

Jacksonville, FL. 32257

3.1 TITLE

S

☒ Change

☐ Addition

3.2 NAME

OWENS, GREGORY

3.3 STREET ADDRESS

4873 Jaybird Circle N.

3.4 CITY-ST-ZIP

Jacksonville, FL. 32257

4.1 TITLE

T

☒ Change

☐ Addition

4.2 NAME

TAYLOR, HOWARD

4.3 STREET ADDRESS

125 Glen Eagle Court

4.4 CITY-ST-ZIP

Ponte Vedra, FL. 32082

5.1 TITLE

AD

☐ Change

☒ Addition

5.2 NAME

AUSTIN, FRED C.

5.3 STREET ADDRESS

7343 Songbird Drive

5.4 CITY-ST-ZIP

New Port Richie, FL 34655

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)