


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 13 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706757 (2)**  
 1. Corporation Name  
**SERTOMA BREAKFAST CLUB OF JACKSONVILLE, INC.**



Principal Place of Business <b>311 W. MONROE ST.</b> <b>P.O. BOX 744</b> <b>JACKSONVILLE FL 32202</b> <b>US</b>	Mailing Address <b>P.O. BOX 744</b> <b>PO BOX 744</b> <b>JACKSONVILLE FL 32202</b> <b>US</b>
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3. Date Incorporated or Qualified <b>01/28/1984</b>	
4. FEI Number <b>59-6213283</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HALL, RICHARD</b> <b>5144 SANTA CRUZ LN.</b> <b>JACKSONVILLE FL 32210</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>FRUMERIE, WALTER</b> STREET ADDRESS <b>5652 TANGELWOOD LN.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>	TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>HUNTER, LEE</b> STREET ADDRESS <b>P.O. BOX 5720</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>MEENA, LINCOLN</b> STREET ADDRESS <b>2981 RIVERSIDE AVE</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>	TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>CULPEPPER, JAMES G</b> STREET ADDRESS <b>33 S HOGAN ST</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>
TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>HALL, RICHARD</b> STREET ADDRESS <b>5144 SANTA CRUZ LN</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>	TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>JOHNSON, C PAUL</b> STREET ADDRESS <b>4112 TIMUQUANA RD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>175 Barberrry Lane</b> <b>Ponte Vedra Beach FL 32082</b>
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 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 \_\_\_\_\_

CR2E037 (10/97)