

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90422 048 ****61.25

DOCUMENT # 710075

1. Entity Name

JOE A. ADAMS FAMILY FOUNDATION, INC.



Principal Place of Business

4143 SHERWOOD RD
JACKSONVILLE, FL 32210

Mailing Address

P.O. BOX 7929
JACKSONVILLE, FL 32238

94000000



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6167570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, JAMES H JR
4143 SHERWOOD RD
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent's signature required when constituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
ANDREWS, JOE A
4143 SHEAWOOD RD
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVCA
ANDREWS, JAN A
4143 SHERWOOD RD
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
ANDREWS, JAMES H
4143 SHERWOOD RD
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
FELTON, SUZANNE A
4670 ARLO LN
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MILNE, DOUGLAS J
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

904-387-5434

Daytime Phone #