FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:08

DOCUMENT # **715065** **(9)**

1. Corporation Name
THE SUICIDE PREVENTION CENTER OF JACKSONVILLE, I NC.

Principal Place of Business	Mailing Address
515 LOMAX STREET JACKSONVILLE FL 32204 US	515 LOMAX STREET JACKSONVILLE FL 32204 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1968
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6215598 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$9.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HICKS, DAVID W
4364 GALILEO AVE.
JACKSONVILLE FL 32210

Deb

10. Name and Address of New Registered Agent

31 Name: Deborah Davis
32 Street Address (P.O. Box Number is Not Acceptable): 6503 Burnham Circle
33
34 City: Ponte Vedra Beach, 35 FL Zip Code: 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X Deborah Davis, President 5/16/95
(Signature, typed or printed name of registered agent and the title of that officer) (If not, Registered Agent signature required when amending) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	P ☑ Change ☐ Addition
NAME	KETCHUM, ROBERT H	12 NAME	Deborah Davis
STREET ADDRESS	3720 MARIANNA RD.	13 STREET ADDRESS	6503 Burnham
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Ponte Vedra Beach, Fl 32082
TITLE	P	21 TITLE	D ☑ Change ☐ Addition
NAME	HICKS, DAVID	22 NAME	
STREET ADDRESS	4364 GALILEO AVE.	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	SD ☐ Change ☐ Addition
NAME	TAYLOR, BETH	32 NAME	Teresa Butts
STREET ADDRESS	4829 HARLOW BLVD.	33 STREET ADDRESS	1416 Dahoon Way
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville Fl 32076
TITLE	STD	41 TITLE	TD ☑ Change ☐ Addition
NAME	BUSHMAN, STEPHEN	42 NAME	
STREET ADDRESS	701 SAN MARCO BLVD, 19TH FL.	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FOLEY, LINDA A.	52 NAME	
STREET ADDRESS	4631 EMPIRE AVE.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	VD	61 TITLE	D ☑ Change ☐ Addition
NAME	TAYLOR, EMMA	62 NAME	Julie Ryals
STREET ADDRESS	4829 HARLOW BLVD.	63 STREET ADDRESS	853 Fields Rd.
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	Jacksonville, Fl. 32218

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X David W. Hicks 5/15/95 (904)358-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

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