

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715065 (9)
1. Corporation Name
THE SUICIDE PREVENTION CENTER OF JACKSONVILLE, I
NC.



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

3. Date Incorporated or Qualified 08/06/1968 3a. Date of Last Report 06/30/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 1754
22 City & State 27 Ponte Vedra Beach,
23 FL 28 City & State
24 Zip 25 Country 29 32004 30 Country
24 25 29 30 St. Johns

4. FEI Number 59-6215598 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DAVIS, DEBORAH
6503 BURNHAM CIRCLE
PONTE VEDRA BEACH FL 32082
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 617.0503, 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 D DELETE 11 TITLE D Change Addition
NAME DAVIS, DEBORAH 12 NAME William O. Inman, III
STREET ADDRESS 6503 BURNHAM 13 STREET ADDRESS 2529 Riverplace Tower
CITY-ST-ZIP PONTE VEDRA BEACH FL 14 CITY-ST-ZIP Jacksonville, FL
TITLE D DELETE 21 TITLE 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 SD DELETE 31 TITLE Change Addition
NAME BUTTS, TERESA 32 NAME
STREET ADDRESS 1416 DAHOON WAY 33 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 34 CITY-ST-ZIP
TITLE TD DELETE 41 TITLE 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 DELETE 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 D DELETE 61 TITLE Change Addition
NAME RYALS, JULIE 62 NAME
STREET ADDRESS 853 FIELDS RD 63 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 64 CITY-ST-ZIP

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)(k), 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:

Deborah Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96 8-2096 (904) 285-1184

CR2E037 (12/95)