FILE NOW: FILING FEE IS \$61.25

NONPROFIT CÓRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

JACKSONVILLE LIBRAN LEAGUE HOUSING HEALTH AND CO

FILED May 21 1998 8:00am Secretary of State

MMUNITY DEVELOPMENT FOUNDATION, INC.				1 1884 1884 1884 1884 1884 1886 1886 188		
Principal Place of Business		Mailing Address			in mimin Mimat Athle Mines 1001	
233 WEST DUVAL STREET 233 WEST DUVAL		DEVELOPMENT FOUNDAT 233 WEST DUVAL STREE JACKSONVILLE FL 32202	٢		3. Date Incorporated or Qualified 09/09/1969	
		_			4. FEI Number 23-7095139	Applied For Not Applicable
2. Principal Place of Business 2e. Mail 21		2a. Mailing Address 26	alling Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		- ···	7. Is this nonprofit corporation a homeowners association? Yes No	
Zip			Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	\gent
			81 N	ame		
DANFORD, RICHARD D., JR.				reet Addre	ess (P.O. Box Number is Not Acceptable)	
232 W DUVAL ST			<u> </u>			
JACKSONVILLE FL 32302			83			
			84 Ci	ty		85 Zip Code
		0 10174500 5: 11 0: .			FL	
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.						
agent. I a	m familiar with, and accept the obligation	ations of, Section 617. 0 503, F	lorida Statutes.			·
SIGNATURE	Signature, typed or printed name of registered age	at and selection to the Company of t	TE: Registered Agent sig		d when reinstating) DATE	
12.	OFFICERS AN		13,	Marcae reduite	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	$\neg op$		☐ Change ☐ Addition
NAME	- OREGORY, RODNEY		1.2 NAME	Ì		-
STREET ADDRESS	- 6900 ATLANTIC BLVD		1.3 STREET ADDI	RESS		}
CITY-ST-ZIP - JACKSONVILLE FL:-			1.4 CITY-ST-ZIP			
TITLE	TRES TO	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	PEREZ, ERNESTO G		2.2 NAME	ĺ		Į
STREET ADDRESS	3360 PICKWICK DR S		2.3 STREET ADDRESS			
CITY-ST-ZIP	IP JACKSONVILLE FL		2. 4 CITY - ST - ZI	,		
TITLE	STD	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	l		
STREET ADDRESS	+4507-COUNTRY CLUB RD:		3.3 STREET ADDI	RESS		İ
CITY-ST-ZIP	SACKSONVILLE FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE	}		Change
NAME	SPATES, JEROME		. 4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	DEL BET	4.4 CITY - ST - ZIF			Discount Lauren
TITLE	D DANEOND DICHADO D' IN	DELETE	5.1 TITLE	- 1		Change Addition
NAME	AND IN DEBUGE OF		5.2 NAME			İ
STREET ADDRESS	140VOOLBELLE CL		5.3 STREET ADDI	i		
CITY-ST-ZIP			5.4 CITY - ST - ZIF			Change Addition
TITLE		L_J VELETE	6.1 TITLE			
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDE	RESS		

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 chargod, or on a statechment with an address.