

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721666 (6)**  
1. Corporation Name  
**JACKSONVILLE CLERGY CONSULTATION SERVICE, INC.**



Principal Place of Business <b>800 LOMAX ST ROOM 106 JACKSONVILLE FL 32204</b>	Mailing Address <b>800 LOMAX ST ROOM 106 JACKSONVILLE FL 32204-3930</b>
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3. Date Incorporated or Qualified <b>09/08/1971</b>		3a. Date of Last Report <b>09/30/1996</b>	
4. FEI Number <b>23-7206613</b>		Applied For <input type="checkbox"/> Not Applicable	
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>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		

9. Name and Address of Current Registered Agent <b>MAUFORT, NANCY S. 800 LOMAX ST, ROOM 106 JACKSONVILLE FL 32204</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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 *Nancy S. Maufort* **Nancy S. Maufort/Executive Director** DATE **1/2/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEAGUE, ELIZABETH</b>	1.2 NAME	
STREET ADDRESS	<b>612 4TH AVENUE NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFER, KAREN</b>	2.2 NAME	
STREET ADDRESS	<b>533 17TH AVE N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIGER, CAOLE ANN</b>	3.2 NAME	
STREET ADDRESS	<b>338 7TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	3.4 CITY-ST-ZIP	
TITLE	VPBD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEAGUE, ELIZABETH II</b>	4.2 NAME	
STREET ADDRESS	<b>612 4TH AVE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUFORT, NANCY S.</b>	5.2 NAME	
STREET ADDRESS	<b>800 LOMAX ST, #106</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Nancy S. Maufort* **Nancy S. Maufort/Exec. Dir.** DATE **1/2/97** DAYTIME PHONE **904/354-2817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)