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May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722148

(4)

1. Corporation Name

ADFAM CHARITIES, INC.

Principal Place of Business

Mailing Address

5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
USP.O. BOX 2088
JACKSONVILLE FL 32203-20883. Date Incorporated or Qualified
11/23/19713a. Date of Last Report
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21 4310 Pablo Oaks Court

26 P.O. Box 19366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6128575

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip Country

Zip Country

24 32224

25

29 32245-9366

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL 32254

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4310 Pablo Oaks Court

83

84 City

Jacksonville

FL

85 Zip Code
32224

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 ☐ DELETENAME DAVIS, LEE W
STREET ADDRESS 1 RIVERFRONT PLAZA #1404
CITY - ST - ZIP LOUISVILLE KY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE VTD ☐ DELETENAME SKELTON, H.J.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

4310 Pablo Oaks Court

TITLE SAT ☐ DELETENAME BISHOP, G. P. JR.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4310 Pablo Oaks Court

TITLE DP ☐ DELETENAME DAVIS, ROBERT D
STREET ADDRESS 5050 EDGEWOOD COURT
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4310 Pablo Oaks Court

TITLE V ☐ DELETENAME CLOWE, D C
STREET ADDRESS 5050 EDGEWOOD COURT
CITY - ST - ZIP JACKSONVILLE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4310 Pablo Oaks Court

TITLE VAS ☐ DELETENAME FRANCIS, H.D.
STREET ADDRESS 5050 EDGEWOOD CT
CITY - ST - ZIP JACKSONVILLE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4310 Pablo Oaks Court

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. P. Bishop, Jr. 4-17-97 (904) 223-7481

Date

Daytime Phone 8004430

CR2E037 (9/96)