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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722148**

(4)

1. Corporation Name

ADFAM CHARITIES, INC.

Principal Place of Business

**4310 PABLO OAKS COURT
JACKSONVILLE FL 32224
US**

Mailing Address

**P.O. BOX 19066
JACKSONVILLE FL 32245-9066
US**

3. Date Incorporated or Qualified

11/23/1971

4. FEI Number

59-6128575

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SKELTON, H.J.
4310 PABLO OAKS COURT
JACKSONVILLE FL 32224**

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
DAVIS, LEE W
1 RIVERFRONT PLAZA #1404
LOUISVILLE KY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VTD
SKELTON, H.J.
3410 PABLO OAKS COURT
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SAT
BISHOP, G. P. JR.
4310 PABLO OAKS COURT
JACKSONVILLE FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
DAVIS, ROBERT D
4310 PABLO OAKS COURT
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
CLOWE, D C
4310 PABLO OAKS COURT
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VAS
FRANCIS, H.D.
4310 PABLO OAKS COURT
JACKSONVILLE FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☒ Addition

**V
SUSAN C. THORNE
4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. Thorne 4/20/98 (904) 223-7480

Date

Daytime Phone # 0006471

CR2E037 (10/97)