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Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722588 (1)

1. Corporation Name

THE TRAVELERS AID SOCIETY OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

134TH E. CHURCH ST.
JACKSONVILLE FL 32202
US

Mailing Address

134TH E. CHURCH ST.
JACKSONVILLE FL 32202
US

2. Principal Place of Business

21 134 E. Church St

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/02/1972

3a. Date of Last Report

01/26/1996

4. FEI Number

59-0651091

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEITZ, WILLIAM C
134TH E. CHURCH ST.
JACKSONVILLE FL 32202

81 Name

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

134 E Church St

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 ☐ DELETENAME KREY, JULIE
STREET ADDRESS 111 NAUGATUCK DR
CITY-ST-ZIP JACKSONVILLE FLTITLE PD ☐ DELETENAME SEROKA, JIM
STREET ADDRESS 462 20TH ST.
CITY-ST-ZIP ATLANTIC BEACH FLTITLE VD ☐ DELETENAME THOMAS, CARROSE
STREET ADDRESS 2032 ALLENDALE CR
CITY-ST-ZIP JACKSONVILLE FLTITLE TD ☐ DELETENAME SELIGMAN, KAREN
STREET ADDRESS 7865 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FLTITLE D ☐ DELETENAME KEYES, PRESTON
STREET ADDRESS P.O. BOX 53315
CITY-ST-ZIP JACKSONVILLE FLTITLE SD ☒ DELETENAME THOMAS, CARROSE
STREET ADDRESS 2032 ALLENDALE CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 322541.1 TITLE D ☒ Change ☐ Addition1.2 NAME Krey, Julie
1.3 STREET ADDRESS 4046 High Pine Rd
1.4 CITY-ST-ZIP Jacksonville, FL 32201-33152.1 TITLE President ☒ Change ☐ Addition2.2 NAME Seroka Jim
2.3 STREET ADDRESS 462 20th St
2.4 CITY-ST-ZIP Atlantic Beach FL 322333.1 TITLE V ☒ Change ☐ Addition3.2 NAME Thomas, Carrose
3.3 STREET ADDRESS 2032 Allendale Circle
3.4 CITY-ST-ZIP Jacksonville, FL 322544.1 TITLE TD ☒ Change ☐ Addition4.2 NAME Seligman, Karen
4.3 STREET ADDRESS 7865 Southside Blvd
4.4 CITY-ST-ZIP Jacksonville, FL 322565.1 TITLE D ☒ Change ☐ Addition5.2 NAME Keyes, Preston
5.3 STREET ADDRESS PO Box 53315
5.4 CITY-ST-ZIP Jacksonville, FL 32201-33156.1 TITLE D ☒ Change ☐ Addition6.2 NAME Mahar, Virginia
6.3 STREET ADDRESS 4348 Ballinger Dr
6.4 CITY-ST-ZIP Jacksonville, FL 32257

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, on this attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/29/97

646-2463
904-246-8971

CR2E037 (9/96)