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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723216

1. Corporation Name

JACKSONVILLE SUPERVISORS ASSOCIATION, INC.

Principal Place of Business 311 W. MONROE ST P.O. BOX 4243 JACKSONVILLE FL 32202-4221 US	Mailing Address 311 W. MONROE ST P.O. BOX 4243 JACKSONVILLE FL 32202-4221 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/19/1972
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1782195
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATHIAS, WILLIAM S., JR. 341 BAISDEN RD. JACKSONVILLE FL 32218	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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.

SIGNATURE *William Mathias, Jr.* DATE **4-14-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LARRY	1.2 NAME	JOHNSON, LARRY
STREET ADDRESS	6524 UTSEY ROAD	1.3 STREET ADDRESS	3938 UNIVERSITY CLUB BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, LINDA	2.2 NAME	GASTON, BILL
STREET ADDRESS	2283 JADESTONE	2.3 STREET ADDRESS	514 BAY RIDGE ROAD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WALTER	3.2 NAME	BROWN, WALTER
STREET ADDRESS	4738 PARA WOODS DRIVE, E	3.3 STREET ADDRESS	8053 BOONES BOROUGH TRAIL
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASWORTHY, RON	4.2 NAME	NASWORTHY, RON
STREET ADDRESS	11051 MANDARIN STATION DRIVE, W.	4.3 STREET ADDRESS	2850 EVERHOLLY LANE
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERSON, TOM	5.2 NAME	ROGERSON, TOM
STREET ADDRESS	2175 HEATH GREEN PLACE	5.3 STREET ADDRESS	2175 HEATH GREEN PLACE N.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, SCOTT	6.2 NAME	SCHULTZ, SCOTT
STREET ADDRESS	4631 BENLOCKE RD.	6.3 STREET ADDRESS	4507 ORTEGA FARMS CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210

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, with all other like empowered.

SIGNATURE: *Tom Rogerson* SIGNATURE REQUIRED: *Tom Rogerson/President* DATE: **4-13-99** DAYTIME PHONE: **904-241-1026**

CR2E037 (11/98)