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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726212** **(4)**

1. Corporation Name
VOLUNTEER JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 US	4049 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207-2706 US

3. Date Incorporated or Qualified: **04/24/1973**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1466484** ☐ 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

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

9. Name and Address of Current Registered Agent

SMITH, JUDITH A
4046 WOODCOCK DRIVE, STE 100
JACKSONVILLE FL 32207

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	THARIN, JUDSON M		1.2 NAME	BROTMAN, SOL D	
STREET ADDRESS	111 RIVERSIDE AVENUE SUITE 130		1.3 STREET ADDRESS	3647 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	BROTMAN, SOL DDS		2.2 NAME	DIETERLE, DAN	
STREET ADDRESS	3647 HENDRICKS AVENUE		2.3 STREET ADDRESS	806 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	TD	☒ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GARDNER, JANET		3.2 NAME	BRUNSON, LAURA JO	
STREET ADDRESS	558 SAN ROBAR DRIVE		3.3 STREET ADDRESS	9432 BAYMEADOWS ROAD, SUITE 150	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	SD	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BROTMAN, SOL D		4.2 NAME	JEFFERSON, TOI	
STREET ADDRESS	3647 HENDRICKS AVE		4.3 STREET ADDRESS	ONE RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32231	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICE, JIM		5.2 NAME		
STREET ADDRESS	6601 CHESTER AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Toi Jefferson SIGNATURE REQUIRED TOI JEFFERSON 04/30/97 (904) 359-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #