

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # 728140 (5)**  
 1. Corporation Name

**THE AMERICAN PATRIOTIC COMMISSION OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business: **LLE, FLORIDA, INC (THE) 580 W. 8TH ST. % METHODIST HOSP. JACKSONVILLE FL 32209**  
 Mailing Address: **LLE, FLORIDA, INC (THE) 580 W. 8TH ST. % METHODIST HOSP. JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified: **11/29/73**  
 4. FEI Number: **59-1498232**  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$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: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**RINAMAN, JAMES C. JR.**  
**1200 RIVERPLACE BOULEVARD**  
**SUITE 800**  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINVILLE, GEORGE M.	
STREET ADDRESS	6842 ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RINAMAN, JAMES C. JR.	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 800	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANSEN, CONSTANCE	
STREET ADDRESS	1512 LARUE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, RODELL F.	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, WILLIAM H.	
STREET ADDRESS	1056 HENDRICKS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BULLARD, RAYMOND	
STREET ADDRESS	500 W. WATER STREET	
CITY-ST-ZIP	JACKSONVILLE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 as an attachment with an address.

SIGNATURE: *Rodell F. Roberts* **Rodell F. Roberts** 4/10/98 904-798-8200