

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90008 030 ****61.25

000024

DOCUMENT # 728140

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
US

463767 - 90008 - 30



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/29/1973

4. FEI Number

59-1498232

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PD
STREET ADDRESS LINVILLE, (GEORGE M.)
CITY-ST-ZIP 6842 ST. AUGUSTINE ROAD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS RINAMAN, (JAMES C. JR.)
CITY-ST-ZIP 1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS HANSEN, (CONSTANCE)
CITY-ST-ZIP 1512 LARUE AVENUE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS ROBERTS, RODELL F.
CITY-ST-ZIP 1325 SAN MARCO BLVD.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS ANDREWS, WILLIAM H.
CITY-ST-ZIP 1056 HENDRICKS AVE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BULLARD, RAYMOND
CITY-ST-ZIP 500 W. WATER STREET
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

904-798-8200

Daytime Phone #

CR2E037 (11/98)