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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

729652

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EAST COAST COLLEGE

FILED
Jan 27 1998 8:00am
Secretary of State

SSS ARLINSTON EXPRESSWAY JACKSONVILLE FL 32211 SSS ARLINSTON EXPRESSWAY JACKSONVILLE FL 32211 SAME APPLIED FOR COUNTY ARCHITECTURE 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. This corporation owner on the production of the property of the	Principal Place of Business Mailing Address					•					
2. Principal Pilace of Business 2a. Mailing Address 59-0796889 Not. Applicable 21 25 25 25 35 35 35 35 35											
Sulfis, Apt. #, etc. Sulfis, Apt. #, etc.							1 1 7 7 7 7 7 7	6889			
27	2. Principal P	lace of Business	⊢			5. Certificate of S	Status Desired				
City & State City & State City		#, etc.	h								
Zip Country Zip Country	City & State		<u></u>			7. Is this nonprofit corporation a homeowners association?					
JONES, DOROTHY D. SSS3 ARUNGTON EXPRESWY STE 410 JACKSONVILLE FL 32211 14 City 15 Event Address (P.O. Box Number is Not Acceptable) 17 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 Provide Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and the substance of the submit of the purpose of changing its registered agent agent, and the substance of the submit of the submit of the purpose of changing its registered agent	Zip	— ·	Zip Cou				8. This corporation owes or has paid the current year intangible				
JONES, DOROTHY D. 5353 ARLINGTON EXPRSWY STE 410 JACKSONVILLE FL 32211 14 City FL SS SITURE Address (P.O. Box Number is Not Acceptable) 15 Statement for the purposions of Sections \$17,0502 and \$17,1506. Pioriss Statutes. 16 City FL SS SIGNATURE SIGNATURE SIGNATURE DONES, DOROTHY SIDNAMA SIDNES, ADDRESS JONES, DOROTHY 12 LITTLE JONES, DOROTHY 12 LITTLE JONES, DOROTHY STRET ADDRESS SIGNATURE 12 JONES, DOROTHY STRET ADDRESS STRET	24										
JONES, DOROTHY D. 5835 ARILNGTON EXPRESSMY STE 410 38		9. Name and Address of Curren	t Registered Agent		04		10. Name and Ac	dress of New Register	red Agent		
SSS ARLINGTON EXPRSWY STE 410 JACKSONVILLE FL 32211 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its 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 and transmitian with, and accept the obligations of, Section 817,0502, Florida Statuties. SIGNATURE Signature, types or pristed name of registered agent and the if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME JONES, DOROTHY JONES, DOROTHY JONES, DOROTHY JONES, DOROTHY JONES, DOROTHY 1.3 SIRET ADDRESS ACKSONVILLE, FL 00000 1.4 CITY-51-2P JONES, JACK H 22 NAME 33 STRET ADDRESS CITY-51-2P JACKSONVILLE, FL 00000 DELETE 1.1 TITLE JONES, JACK H 22 NAME 3.2 SIRET ADDRESS CITY-51-2P JACKSONVILLE, FL 00000 DELETE 3.1 TITLE JONES, KENNETH L. SSS3 ARLINGTON EXPRESSWAY #11-E JONESS ARLINGTON EXPRESSWAY #11-E JO					81	Name					
11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Sections 817.0502, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PO					82 Street Address (P.O. Box Number is Not Acceptable)						
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, and accept the obligations of, Section 617,0503, Florida Statutor agent. Jam familiar with, and accept the obligations of, Section 617,0503, Florida Statutor agent. Jam familiar with, and accept the obligations of, Section 617,0503, Florida Statutor agent. Jam familiar with, and accept the obligations of, Section 617,0503, Florida Statutor. Signature from familiar with, and accept the obligations of, Section 617,0503, Florida Statutor, and the provision of the provision of the appointment as registered agent, or both the corporation's board of directors. I hereby accept the appointment as registered agent, or both the corporation's board of directors. I hereby accept the appointment as registered agent, or both the provision of the provision's board of directors. I hereby accept the appointment as registered agent, or both the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent	JACKSONVILLE FL 32211				83						
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12.											
12.	SIGNATURE Standard and september of september and title if applicable (NOTE: Resistance Assat signature are street when rejectables)										
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NAME	CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-ST-ZIP						
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	STREET ADDRESS			6,3 STI	REET A	ADDRESS					
	CITY-ST-ZIP			6.4 CIT	Y-ST						

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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:

Mazin AUBEREONISTO

904-743-1/22

CR2E037 (10/97