

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra P. Horne
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 10:47

DOCUMENT # 739152 (7)

1. Corporation Name

JOSEPH E. LEE DEVELOPMENT CENTER, INC.

Principal Place of Business

1424 E. 17TH STREET
JACKSONVILLE FL 32206

Mailing Address

1424 E. 17TH STREET
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

06-0328500

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, GARY
3437 CLYDE DRIVE
JACKSONVILLE FL 32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	THOMAS, GARY
STREET ADDRESS	3437 CLYDE DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	AIKENS, CHESTER
STREET ADDRESS	531 W. UNION STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	GIBSON, GREGORY
STREET ADDRESS	8738 SAPPINGTON AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	ROGERS, JULIET
STREET ADDRESS	10255 FONTANA CT S.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HILL, MARILYN
STREET ADDRESS	4815 CLYDE DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BAILEY, BOOKER
STREET ADDRESS	2123 BENNETT STREET
CITY - ST - ZIP	JACKSONVILLE FL

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	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Gary E. Thomas, President

(904) 354-1165 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name