

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**05/24/1977**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**06-0328500**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**THOMAS, GARY  
3437 CLYDE DRIVE  
JACKSONVILLE FL 32208**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, GARY	
STREET ADDRESS	3437 CLYDE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AKENS, CHESTER	
STREET ADDRESS	531 W. UNION STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, GREGORY	
STREET ADDRESS	9738 SAPPINGTON AVE.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JULIET	
STREET ADDRESS	10255 FONTANA CT S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, MARILYN	
STREET ADDRESS	4815 CLYDE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, BOOKER	
STREET ADDRESS	2123 BENNETT STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RENITA I. PINKNEY
33 STREET ADDRESS	49 W. 22nd ST.
34 CITY - ST - ZIP	JACKSONVILLE, FL 32206
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JENNIFER L. MURRAY
43 STREET ADDRESS	1039 BERTHA ST.
44 CITY - ST - ZIP	JACKSONVILLE, FL 32218
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	JACKIE TODD
53 STREET ADDRESS	101 SAN MARCO BLVD
54 CITY - ST - ZIP	JACKSONVILLE, FL 32207
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(3)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GARY E. THOMAS

4/20/96 (904) 354-1165  
Date Daytime Phone #

CR2E037 (12/95)