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FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1424 E. 17TH STREET
JACKSONVILLE FL 32206

1424 E. 17TH STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified

05/24/1977

4. FEI Number

06-0328500

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$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

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS, GARY
STREET ADDRESS 3437 CLYDE DRIVE
CITY - ST - ZIP JACKSONVILLE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change

Addition

TITLE VD
NAME AKENS, CHESTER
STREET ADDRESS 531 W. UNION STREET
CITY - ST - ZIP JACKSONVILLE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change

Addition

TITLE TD
NAME RENITA I. PINKNEY
STREET ADDRESS 49 W 22ND ST
CITY - ST - ZIP JACKSONVILLE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change

Addition

TITLE SD
NAME JENNIFER L. MURRAY
STREET ADDRESS 1039 BERTHA ST
CITY - ST - ZIP JACKSONVILLE FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change

Addition

TITLE D
NAME JACKIE TODD
STREET ADDRESS 701 SAN MARCO BLVD
CITY - ST - ZIP JACKSONVILLE FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change

Addition

TITLE D
NAME BAILEY, BOOKER
STREET ADDRESS 2123 BENNETT STREET
CITY - ST - ZIP JACKSONVILLE FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change

Addition

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.

SIGNATURE: Gary Thomas

02/22/98 (904) 354-1165

CR2E037 (10/97)