

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
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90023 039 ****70.00

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DOCUMENT # 739152

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

05/24/1977

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

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

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

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	AIKENS, CHESTER	
STREET ADDRESS	531 W. UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RENITA I. PINKNEY	
STREET ADDRESS	49 W 22ND ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENNIFER L. MURRAY	
STREET ADDRESS	1039 BERTHA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKIE TODD	
STREET ADDRESS	701 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, BOOKER	
STREET ADDRESS	2123 BENNETT STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terri Suggs	
1.3 STREET ADDRESS	4320 Sunbeam Rd. #1212	
1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jackie Todd	
2.3 STREET ADDRESS	7043 Millcrest Dr. S	
2.4 CITY-ST-ZIP	Jacksonville, FL 32277	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carolee Thomas	
3.3 STREET ADDRESS	P.O. Box 2924	
3.4 CITY-ST-ZIP	Jacksonville, FL 32203	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wendy Hinton	
4.3 STREET ADDRESS	2399 Covington Creek Circle	
4.4 CITY-ST-ZIP	Jacksonville, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sharon Blue	
5.3 STREET ADDRESS	1460 E. 25th St.	
5.4 CITY-ST-ZIP	Jacksonville, FL 322	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

3/6/99

Date

Daytime Phone #

CR2E037 (11/98)