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Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 740340 (5)

1. Corporation Name

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVERNMENT, INC.

Principal Place of Business

Mailing Address

515 LOMAX STREET
JACKSONVILLE FL 32204

515 LOMAX STREET
JACKSONVILLE FL 32204-4115



3. Date Incorporated or Qualified
10/05/1977

3a. Date of Last Report
04/02/1996

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

4. FEI Number
59-1805614

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP H.
515 LOMAX STREET
JACKSONVILLE FL

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	VPD	<input type="checkbox"/> DELETE
NAME	KARRER, MAX C. M	
STREET ADDRESS	3550 UNIVERSITY BLVD, #301	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ATKINS, KENNETH V. M	
STREET ADDRESS	580 W 8TH ST, #7005	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MITCHELL, KAY M. M	
STREET ADDRESS	4203 BELFORT RD, #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GLENN, J. EUGENE M	
STREET ADDRESS	1820 BARRS STR, STE 358	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DOWNEY, H. JACKSON M	
STREET ADDRESS	810 LANE AVE S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EDDT	<input type="checkbox"/> DELETE
NAME	SCHOU, MARK J. CPA	
STREET ADDRESS	4496 SOUTHSIDE BLVD., #200	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004507

CR2E037 (9/96)