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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 1075 KENNEDY AVE #190

26 PO BOX 40023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jacksonville, FL

27 JAX, FL

City & State

City & State

23

28

24 32204

25 USA

29 32203-0023

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/05/1977

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**

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

10. Name and Address of New Registered Agent

**GILBERT, PHILIP H.
515 LOMAS 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

Philip H. Gilbert
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-17-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPO** ☐ DELETE
NAME **KARRER, MAX C. M**
STREET ADDRESS **3550 UNIVERSITY BLVD, #301**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **SD** ☐ DELETE
NAME **ATKINS, KENNETH V. M**
STREET ADDRESS **580 W 8TH ST, #7005**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **TD** ☐ DELETE
NAME **MITCHELL, KAY M. M**
STREET ADDRESS **4203 BELFORT RD, #101**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **PCD** ☐ DELETE
NAME **GLENN, J. EUGENE M**
STREET ADDRESS **1820 BARRS STR, STE 358**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **MD** ☒ DELETE
NAME **DOWNEY, H. JACKSON M**
STREET ADDRESS **810 LANE AVE S**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **EDDT** ☐ DELETE
NAME **SCHOU, MARK J. CPA**
STREET ADDRESS **4496 SOUTHSIDE BLVD., #200**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Mark J. Schou

4/27/98

CP2E037 (10/97)