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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| Principal Place of Business Mailing Address 5710 EARL CIRCLE NORTH 5710 EARL CIRCLE NORTH JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 | | | | | | | | |
|--|---|--|---|--|---|---------------------|---------------------------------------|--|
| | | | | | Date Incorporated or Qualified 04/25/1978 | 3a. [| Date of Last 02/16/ | |
| Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| · · · · · · · · · · · · · · · · · · · | | 26 | | | 59-1790948 | | | Not Applicable 5 Additional |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | | | 0 May Be |
| | | 28 | Country | | Trust Fund Contribution 8. This corporation has liability for | | · · · · · · · · · · · · · · · · · · · | to Fees |
| Zφ | Country 25 | Zip 29 | Country 30 | | Florida Statutes | Yes [| □ No | . 199.002, |
| | 9. Name and Address of Currer | | | 1 | 0. Name and Address of New | Registere | d Agent | |
| | | | 81 Nan | ne | | | | |
| WILLIA | MS, BENJAMIN W | 82 Street Ad | | et Address | (P.O. Box Number is Not Accepta | able) | | |
| | ARL CIRCLE NORTH | | 83 | | | | | |
| JACKS | ONVILLE FL FL 32208 | | | | | | les 7 | ip Code |
| | | | 84 City | | | F | L 85 Z | ih Cooe |
| or registe familiar w SNATURE | to the provisions of Sections 617.0500 red agent, or both, in the State of Florith, and accept the obligations of, Sec. Signature, types or printed name of registered agent. OF LICERS AN | ida. Such change was author tion 617.0503, Florida Statut it and title Lapph anie (| rized by the corporations. NOTE Registered Agent signal 13. | | | DATE | | |
| or registe familiar w GNATURE 2. | red agent, or both, in the State of Flori rith, and accept the obligations of, Sec Signature, types or printed name of registered agent | tion 617.0503, Florida Statut | NOTE: Registered Agent signat | | en reinstatingi | DATE | | ORS IN 12 |
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