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CORPORATION ANNUAL REPORT
1995

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

APPROVED
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OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 747620 (3)

1. Corporation Name
LUPUS FOUNDATION OF AMERICA, INC., NORTHEAST FLO RIDA CHAPTER

Principal Place of Business	Mailing Address
1836 POWELL PLACE JACKSONVILLE FL 32205-8804 US	P O BOX 10496 JACKSONVILLE FL 32247-0486 US

3. Date Incorporated or Qualified: 06/13/1979
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1920413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7816 FAWN VALLEY LN.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28
Zip 24 32256 Country 25 USA	Zip 29 Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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
KELLEY, WILLIAM SUITE 1, 1649 ATLANTIC BLVD SUITE 1 JACKSONVILLE FL 32207	81 Name: CYNTHIA ANN KIRKLAND 82 Street Address (P.O. Box Number is Not Acceptable): 7816 FAWN VALLEY LANE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cynthia Ann Kirkland
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	D	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	BLANTON, BETTY	1.2 NAME	CYNTHIA ANN KIRKLAND
STREET ADDRESS	3729 CULP DRIVE DELETE	1.3 STREET ADDRESS	7816 FAWN VALLEY LANE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D	2.1 TITLE	V/D ☐ Change ☐ Addition
NAME	VALLIERE, LOUISE	2.2 NAME	IONA GODFREY KING
STREET ADDRESS	1836 POWELL PLACE	2.3 STREET ADDRESS	3841 NOTTER AVENUE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	TD	3.1 TITLE	S/D ☐ Change ☐ Addition
NAME	TILLISCH, DOLORES	3.2 NAME	SHERLAINE M. NIDIFFER
STREET ADDRESS	7043 KING ARTHUR ROAD CHANGE	3.3 STREET ADDRESS	6044 MIZZELL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	PD	4.1 TITLE	T/D ☒ Change ☐ Addition
NAME	KIRKLAND, CYNTHIA	4.2 NAME	PAMELA J. FORSHEE
STREET ADDRESS	7816 FAWN VALLEY LANE	4.3 STREET ADDRESS	7906 CONGAREE COURT N.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	SD	5.1 TITLE	D ☐ Change ☐ Addition
NAME	NIDIFFER, SHERLAINE	5.2 NAME	LOUISE VALLERIE
STREET ADDRESS	6044 MIZZELL DRIVE	5.3 STREET ADDRESS	1836 POWELL PLACE
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	DVP	6.1 TITLE	D ☐ Change ☐ Addition
NAME	KING, IONA G	6.2 NAME	KAREN SUE RUMP
STREET ADDRESS	3841 NOTTER AVENUE	6.3 STREET ADDRESS	2801 WOODHILL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cynthia Ann Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-646-5952 or
904-645-8398
Daytime Phone #

0000477

LACRÉE CARSWELL
5441 FOXBORO ROAD
JACKSONVILLE, FL 32208

MATT MATTINGLY
5615 SAN JUAN AVENUE #110
JACKSONVILLE, FL 32210

LAURICE HUNTER
5479 FINCH AVENUE
JACKSONVILLE, FL 32219

PHILIP PRATT
8090 ATLANTIC BLVD. B-226
JACKSONVILLE, FL 32211

LUPUS FOUNDATION OF AMERICA, INC.,
NORTHEAST FLORIDA CHAPTER

ADDITIONAL DIRECTORS
1995 REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA