

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **747620** (3)

1. Corporation Name

LUPUS FOUNDATION OF AMERICA, INC., NORTHEAST FLORIDA CHAPTER

Principal Place of Business

Mailing Address

**7816 FAWN VALLEY LANE
JACKSONVILLE FL 32256
US**

**P O BOX 10486
JACKSONVILLE FL 32247-0486
US**



3. Date Incorporated or Qualified
06/13/1979

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1920413

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

**KIRKLAND, CYNTHIA A
7816 FAWN VALLEY LANE
JACKSONVILLE FL 32256**

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 ☐ DELETE
NAME **PD KIRKLAND, CYNTHIA A**
STREET ADDRESS **7816 FAWN VALLEY LANE**
CITY - ST - ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ DELETE
NAME **VD KING, IONA G**
STREET ADDRESS **3841 NOTTER AVENUE**
CITY - ST - ZIP **JACKSONVILLE FL 32206**

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

TITLE ☒ DELETE
NAME **TD FORSHEE, PAMEL J**
STREET ADDRESS **7906 CONGAREE COURT N.**
CITY - ST - ZIP **JACKSONVILLE FL 32211**

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

TITLE ☐ DELETE
NAME **D VALLERIE, LOUISE**
STREET ADDRESS **1836 POWELL PLACE**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **JENNIE J. BURROUGHS**
4.3 STREET ADDRESS **3552 BOONE PARK AVENUE**
4.4 CITY - ST - ZIP **JACKSONVILLE, FL 32205**

TITLE ☒ DELETE
NAME **D RUMP, KAREN S**
STREET ADDRESS **2801 WOODHILL DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL 32256**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **SHARON J. PEACOCK**
5.3 STREET ADDRESS **7825 FAWN BROOK CIRCLE W.**
5.4 CITY - ST - ZIP **JACKSONVILLE, FL 32256**

TITLE ☒ DELETE
NAME **DVP King, Iona G PHILIP PRATT**
STREET ADDRESS **3841 NOTTER AVENUE P.O. BOX 9997**
CITY - ST - ZIP **JACKSONVILLE FL JACKSONVILLE, FL 32208**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **CHARLOTTE ROUSSEAU**
6.3 STREET ADDRESS **4238 SNOWDON LANE**
6.4 CITY - ST - ZIP **JACKSONVILLE, FL 32225**

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)(k), 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

4/30/96
Date

904-645-8398
Daytime Phone

CR2E037 (12/95)