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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748973

1. Corporation Name

GREATER JACKSONVILLE AREA USO COUNCIL, INC.

Principal Place of Business

BOX 108  
JACKSONVILLE FL 32212

Mailing Address

BOX 108  
JACKSONVILLE FL 32212



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/19/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1052424

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

Fee Required  
\$8.75

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

Added to Fees  
\$5.00

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, WILLIAM H  
2748 FOXWOOD ROAD, SOUTH  
ORANGE PARK FL 32073

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 William H. Kennedy, Executive Director *William H. Kennedy* 2-11-99

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 TD  
NAME ROBERTS, LINDA  
STREET ADDRESS 2625 SHARPSBURG COURT  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE PD  
NAME STALLWOOD, J. FRANKLIN  
STREET ADDRESS 5 BREACHWALKER ROAD  
CITY-ST-ZIP AMELIA ISLAND FL 32034

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

TITLE SD  
NAME HUDSPETH, GEORGE L.  
STREET ADDRESS 10727 CROSSWICKS ROAD  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: J. Franklin Stallwood *J. Franklin Stallwood* 2/11/99 388-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)