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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 750047

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ロビタしか	HULLGE	UE	JACKSONVILLE	MULTVIOUSSY	INIC
DERVII	INJUGE	v.	JACKSVINKELE.	ACCUMINITION.	HWC.

24 N. MARKET ST #500 JACKSONVILLE FL 32202 3. Date incorporated or Qualified 11/27/1979 3. Date incorporated or Qualified 11/27/1979 3. Date incorporated or Qualified 11/27/1979 4. FEI Number Applied For Not Applied For	BEAC	H HOUSE OF JACKSONVI	LLE ASSOCIATION,	INC.	1 2 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	
AMCKSONVILLE FL 32002 AMCK	Principal Place	of Business	Mailing Address		A TOREIGH TORONT ORINI MENTE DIDEN	ABBI BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT
Principal Places of Business 2a. Mailing Address 3a. Mailing						
Surple Appl. v. etc. 27					11/27/1979	
Complete Status Service	2. Principal Pl	lace of Business	— ·			
20	Suite, Apt.	#, etc.		o.	5. Certificate of Status Desired	
Zop	—	e	⊢ 1		, , ,	
Solid Soli		Country		Country	·····	
10. Name and Address of New Registered Agent	24	25	<u> </u>	<u></u>		
Big Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Curre	ent Registered Agent			
24 N. MARKET ST., #500 3				81 Name		
Same Addition Street Address Str				82 Street	Address (P.O. Box Number is Not Acceptable)
Present 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. Thereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of Section 617,0502 horde Statutes, and accept the obligations of Section 617,0502 horde Statutes, and accept the obligations of Section 617,0502 horde Statutes, and one of directors. Thereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of Section 617,0502 hordes statutes, and the obligation of Section 617,0502 hordes and the appointment as registered agent. I am femiliar with a section of the Section 617,0502 hordes and the appointment as registered office or femiliar with a section of the secti				83		
Signature Sign				84 City		FL 85 Zip Code
SIGNATURE To Frice Signature Sig	11. Pursuant or register familiar w	to the provisions of Sections 617.056 red agent, or both, in the State of Florith, and accept the obligations of Se	02 and 617,1508, Florida Si orida. Such change was aut oction 617,0503, Florida Sta	tatutes, the above-named of horized by the corporation's hites	corporation submits this statement for the purp s board of directors. I hereby accept the appoi	ose of changing its registered office ntmont as registered agent. I am
12		and a society the conganier to on so	01017 017 10000 1101100 010	totoo.		
THE	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registered Agent signature	required when reinstating)	DATE
NAME SIREET ADDRESS T916 LOS ROBLES CT. SIREET ADDRESS 12 DELETE 13 SIREET ADDRESS 12 DELETE 14 DELETE 13 SIREET ADDRESS 14 DELETE 14 DELETE 13 SIREET ADDRESS 14 DELETE 14 DELETE 15 DELETE 14 DELETE 15 DELETE 1	12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
13 STREET ADDRESS	TITLE	PD	DELETE	1.1 TITLE	VD	Change Addition
SIREET ADDRESS Type Street ADDRESS Type Street ADDRESS Type Street ADDRESS Type Street ADDRESS Type	NAME	BOND, JAMES W.		1 2 NAME	Russell, Mervyn K.	
Acksonville FL	STREET ADDRESS	7916 LOS ROBLES CT.		1.3 STREET ADDRESS	1308 N. 7th Street	
NAME STREET ADDRESS SAZO LA VIST CIR #121 23 STREET ADDRESS 1341 River Moorings Road 1341	CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY - ST - ZIP	Jacksonville Beach.	FL 32250
STREET ADDRESS JACKSONVILLE FL 23 STREET ADDRESS 11341 River Moorings Road Jacksonville	TITLE	[V	DELETE	2 1 TITLE	D	☐ Change ★Addition
Dacksonville	NAME	GOLDSTEIN, BEVERLY S		2 2 NAME	Walkord, Robert E.	
TO	STREET ADDRESS	3820 LA VIST CIR #121		2.3 STREET ADDRESS	11341 River Mooring	s Road
NAME BOND, PATRICIA 32 NAME 33 SIREET ADDRESS 7916 LOS ROBLES CT 33 SIREET ADDRESS 7916 LOS ROBLES CT 34 CITY-ST-ZIP JACKSONVILLE FL 34 CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CiTY-ST-ZiP	Jacksonville, FL 32	2225
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DELETE SD DELETE 4.1 Title Change Addition	NAME			3.2 NAME		
TITLE SD	STREET ADDRESS			3.3 STREET ADDRESS		
NAME GOLDSTEIN, S. WILLIAM 4.2 NAME STREET ADDRESS 24 N. MARKET ST., #500 4.3 STREET ADDRESS DITY-ST-ZIP JACKSONVILLE FL 4.4 CITY-ST-ZIP TILLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CTY-ST-ZIP Change Addition STREET ADDRESS 6.3 STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP	CITY-ST-ZIP			3.4. CITY - ST - ZIP		
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				6.3 STREET ADDRESS		
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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 cirector 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 or an attachment with an address.

GNATURE:

Section 119.07(3)(k), Florida Statutes. I further certified and course shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

1/23/96 signing officer on diploton 1/2 1/23/96
Daytime Phone #

SIGNATURE: