

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753882 (0)

1. Corporation Name

QUOTA CLUB OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

9765 SOUTHBROOK DR., #2711
JACKSONVILLE FL 32256

9765 SOUTHBROOK DR., #2711
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1980	3a. Date of Last Report 05/23/1994
4. FEI Number 59-1700567	Applied For Not Applicable

2. Principal Place of Business 21. <u>40 Peoples Gas</u> Suite, Apt. #, etc. 22. <u>4040 Philips Highway</u> City & State 23. <u>Jacksonville FL</u> Zip 24. <u>32207</u>	2a. Mailing Address 25. <u>40 Peoples Gas</u> Suite, Apt. #, etc. 26. <u>4040 Philips Highway</u> City & State 27. <u>Jacksonville FL</u> Zip 28. <u>32207</u> Country 29. <u>USA</u>
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ARTHUR, TRACY K
9765 SOUTHBROOK DR., #2711
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
1419 S. Birmingham Rd
Jacksonville FL 32207

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 Tracy K. Arthur DATE 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARTHUR, TRACY K
STREET ADDRESS	9765 SOUTHBROOK DR., #2711
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	VPD - VPD
NAME	GONALDSON, JANICE
STREET ADDRESS	1126 HAMLET LANE EAST
CITY - ST - ZIP	NEPTUNE BEACH FL 32266
TITLE	VPD
NAME	MATHEWS, CATHY
STREET ADDRESS	453T BIRCHWOOD AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	SD
NAME	MILLER, GLORIA
STREET ADDRESS	1208 WOODWARD AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	MATHEWS, CATHY
STREET ADDRESS	453T BIRCHWOOD AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	VETTER, BETHANN
STREET ADDRESS	6214 PRINCETON SO BLVD E #504
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arlene Blackmer	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Vice President / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeanene James	
2.3 STREET ADDRESS	4438 Breakwater Row West	
2.4 CITY - ST - ZIP	Jacksonville FL 32225	
3.1 TITLE	Vice President / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gloria Miller	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tracy K. Arthur	
4.3 STREET ADDRESS	1419 S. Birmingham Rd	
4.4 CITY - ST - ZIP	Jacksonville FL 32207	
5.1 TITLE	Treasurer / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tracy K. Arthur	
5.3 STREET ADDRESS	1419 S. Birmingham Rd	
5.4 CITY - ST - ZIP	Jacksonville FL 32207	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jan Molyneaux	
6.3 STREET ADDRESS	6211 River Glen	
6.4 CITY - ST - ZIP	Jacksonville, FL 32216	

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, trustee or empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed, or go on attachment with an address).

SIGNATURE: Tracy K. Arthur DATE 4/26/95 6046367948