

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754869 (6)

1. Corporation Name

THE SEEKERS OF JACKSONVILLE, INC.

Principal Place of Business

3943 ST. ISABEL DR. E
JACKSONVILLE FL 32277
US

Mailing Address

P.O. BOX 2244
OFFICE G
ORANGE PARK FL 32067
US



2. Principal Place of Business

21 2653 BYWOOD RD
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 11311
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/28/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2253718

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

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32211

Country

25 USA

Zip

29 32239

Country

30 USA

9. Name and Address of Current Registered Agent

GOMEZ, RALPH ANTHONY
3943 ST. ISABEL DR. E
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name VAUGHAN, WILLIAM JONATHAN

82 Street Address (P.O. Box Number is Not Acceptable)

2653 BYWOOD ROAD

83

84 City JACKSONVILLE

FL

85

Zip Code 32211

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 Jonathan Vaughan
Signature, typed or printed name of registered agent and title if applicable

(WILLIAM JONATHAN VAUGHAN)

7-30-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, RALPH ANTHONY	
STREET ADDRESS	3943 ST. ISABEL DR. E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WOODARD, DAVID	
STREET ADDRESS	4981 ORTEGA FARMS BLVD, #2	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NYMAN, SHELLEY	
STREET ADDRESS	1442 LANE CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RYMER, MARK W.	
STREET ADDRESS	553 CLAIRE LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIBBLE, ROBERT A.	
STREET ADDRESS	6221 COLLINS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VAUGHAN, WILLIAM JONATHAN	
1.3 STREET ADDRESS	2653 BYWOOD ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVE J. VIGALISTE	
2.3 STREET ADDRESS	P.O. BOX 28458	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	UNDERWOOD, SUE	
3.3 STREET ADDRESS	P.O. BOX 1440	
3.4 CITY-ST-ZIP	YULTE, FL 32097	
4.1 TITLE	TO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VAUGHAN, WM J.	
4.3 STREET ADDRESS	2653 BYWOOD ROAD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LILSON, JAMES	
5.3 STREET ADDRESS	6702 BEACH BLVD	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

William Jonathan Vaughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)