FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

LOWER EASTSIDE NEIGHBORHOOD DEVELOPMENT, INC.

Principal Place of Business Mailing Address							1 FURAN 18 FUL DAIRE OLI II OLU 1 10 UU 17	81 8 1811 8 181	# 019 # 018# 8#	
1538 VAN BUREN STREET JACKSONVILLE FL 32206		1538 VAN BUREN STREET JACKSONVILLE FL 32206-4745								
							 Date Incorporated or Qualified 02/23/1981 	3a. Da	ale of Last R 04/29/19 9	eport)6
2. Principal Place of Business 2a. Mailing) Address				4. FEI Number 59-2094650	Applied For Not Applicable		
Suite Apt. #, etc. Suite, Apt. 22 27			. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State	9	City & State	City & State				6. Election Campaign Financing	\$5.00 May Be		
Zip Country		Zip	Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25]	29	30						□ No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	Sistered '	Agent	
WHYTE, WINSTON W.				81 82	Name		dress (P.O. Box Number is Not Acceptable)			
1538 VAI		83				· · · · · · · · · · · · · · · · · · ·				
JACKSUI	NVILLE FL 32206									
				84	City			FL	. '	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 register of gistered 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 register									s registered registered	
agont. La	m familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Stat	utes	3.		, ,			
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (N	OTE Registere	d Age	ni signatur	e required	when reinstating)	DATE		
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12
TITLE	· ·		11 TI	11 TITLE		VD			Change	Addition
NAME	JOHNSON, DOROTHY		1.2 NAME				CIPE HOLCEV			
STREET ADDRESS	614 FRANKLIN STREET		1.3 ST		AUDRESS I		RGIEE HOLSEY 8 OAKLEY ST., JACKSONVILLE, FL 32202			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 C/T		1 - ZIP	1240	UARLEI SI., JACKSUI			
TITLE	D DELETE		2.1 TI	2.1 TITLE					Change	☐ Addition
NAME	FOSTER, LOUISE		2.2 NAME							
STREET ADDRESS	1117 PHELPS STREET		1		2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000	T priete			T-ZiP					
TITLE	SD DELETE			3.1 TITLE					☐ Change	Addition
NAME	POOLE, LEOLA			3.2 NAME						
street áddress			3.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000				T-ZIP	 			T	
TITLE	· -	DECE IE	4.1 70						☐ Change	☐ Addition
NAME OTDEST + DODGES	APAG LIADDIGGE GYGEET			4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS										
CHTY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE		D			T Observe	N + 3201
NAME	BROWN, RACHEL	DE DELCTE					DRED McFADDEN		Change	Addition
STREET ADDRESS	APA MAN BUIDEN APPER						7 EVERGREEN AVE,			ļ
				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				:		
CITY-ST-ZIP	UNUNOUNVILLE FL	DELETE			1 - 7IP	JAC	KSONVILLE, FL 32206		Charac	A place
		C otroje	6.1 T/						_ Change	Addition
NAME STORET ADDRESS			6.2 N/							
STREET ADDRESS	1 .		6.3 ST	REET	address	1				

CITY-ST-ZIP 14. I do 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.

FILED

May 14 1997 8:00am

Secretary of State