

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756471** (9)  
1. Corporation Name  
**LOWER EASTSIDE NEIGHBORHOOD DEVELOPMENT, INC.**

Principal Place of Business <b>1538 VAN BUREN STREET JACKSONVILLE FL 32206</b>	Mailing Address <b>1538 VAN BUREN STREET JACKSONVILLE FL 32206</b>
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3. Date Incorporated or Qualified <b>02/23/1981</b>	
4. FEI Number <b>59-2094650</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**WHYTE, WINSTON W.  
1538 VAN BUREN ST  
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

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

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLSEY, VIRGIEE</b>	1.2 NAME	
STREET ADDRESS	<b>1248 OAKLEY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, LOUISE</b>	2.2 NAME	<b>Lucille Seldon</b>
STREET ADDRESS	<b>1117 PHELPS STREET</b>	2.3 STREET ADDRESS	<b>1437 Evergreen Avenue</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32206</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POOLE, LEOLA</b>	3.2 NAME	
STREET ADDRESS	<b>1524 SPEARING STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNSON, FLOSSIE M</b>	4.2 NAME	
STREET ADDRESS	<b>1510 HARRISON STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000 32206</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFADDEN, MILDRED</b>	5.2 NAME	
STREET ADDRESS	<b>1457 EVERGREEN AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Flossie M. Brunson**

04/14/98

(904) 356-0260

CR2E037 (10/97)