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05-04-1999 90082 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765263

1. Corporation Name

JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.

* 4 7 8 8 8 5 8 *
478858 - 90082 - 21

Principal Place of Business	Mailing Address
3645 SPRING PARK RD JACKSONVILLE FL 32207 US	3645 SPRING PK RD JACKSONVILLE FL 32207 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2288753 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAILEY, ROBERT
3671 CEDAR DR
JACKSONVILLE FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BAILEY, ROBERT A		1.2 NAME	Richard Sweden	
STREET ADDRESS	4236 VICTOR ST		1.3 STREET ADDRESS	3645 Spring Park Rd.	
CITY-ST-ZIP	JAX, FL 00000		1.4 CITY-ST-ZIP	Jax. Fl.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, THOMAS J.		2.2 NAME		
STREET ADDRESS	1823 HOLLY OAKS LK. RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, C PAUL		3.2 NAME		
STREET ADDRESS	563 UNIV BLVD N		3.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	ESTES, WAYNE		4.2 NAME	ESTES, Wayne	
STREET ADDRESS	3321 CESERY BLVD		4.3 STREET ADDRESS	3321 Cesery Blvd	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jax. Fl.	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BENEDIX, TED		5.2 NAME		
STREET ADDRESS	11940 OLD ACOSTA RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME			6.2 NAME	Albert Nobles	
STREET ADDRESS			6.3 STREET ADDRESS	2667 Larsen Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jax, Fl. 32207	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Albert Nobles **REQUIRED** Albert Nobles April 26, 1999 904 731 1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #