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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 12 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

766792

(6)

Principal Place of Business Mailing Address 1921 NORTH THRD STREET P O 80X 50153 JACKSONVILLE BEACH FL 32240 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O2/01/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O2/01/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O2/01/1988 3. Date of Last Report O3/07/1998 5. Certificate of Status Desired Status Des	or cable nal
P O BOX 50153 JACKSONVILLE BEACH FL 32240 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Date incorporated or Qualified 02/01/1983 4. FEI Number 59-2255051	cable al
3. Date Incorporated or Qualified O2/01/1983 a. Date of Last Report O3/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2255051 Applied F. Suite, Apt. #, etc Suite, Apt. #, etc. City & State 5. Certificate of Status Desired Fee Required Trust Fund Contribution Added to Fees Zip Country Zip Country 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable)	cable al
22. Principal Place of Business 26. Mailing Address 26. Suite, Apt. #, etc Suite, Apt. #, etc 27. Suite, Apt. #, etc 27. City & State City & State City & State 28. Certificate of Status Desired City & State City & State City & State 28. Country City & State City & State 29. Country Applied F. Soute, Apt. #, etc. 50. Certificate of Status Desired Fee Required Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Formula Statutes Formula Statu	cable al
21 26 59-2255051 Not Applic Suite, Apt. #, etc 22 27 55. Certificate of Status Desired Fee Required City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Since Country Si	cable al
Suite, Apt. #, etc Suite, Apt. #, etc. 27 City & State City & State 28 Country Zip Country S. Certificate of Status Desired Fee Required Fee Required Foundation Fee Required Fountry S. Trust Fund Contribution Added to Fees Florida Statutes Florida Statutes Yes No 9, Name and Address of Current Registered Agent FOY, SHARON A. Street Address (P.O. Box Number is Not Acceptable)	e e
Fee Required City & State City & State 28 Country Zip Country Florida Statutes Florida Statutes Florida Statutes Florida Statutes Name Florida Statutes Florida Statutes Street Address of New Registered Agent 81 Name FOY, SHARON A. Street Address (P.O. Box Number is Not Acceptable)	
28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.03 Plorida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name FOY, SHARON A. 82 Street Address (P.O. Box Number is Not Acceptable)	
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.03 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent FOY, SHARON A. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name FOY, SHARON A. 82 Street Address (P.O. Box Number is Not Acceptable)	32,
9. Name and Address of Current Registered Agent 81 Name FOY, SHARON A. 82 Street Address (P.O. Box Number is Not Acceptable)	
FOY, SHARON A. 82 Street Address (P.O. Box Number is Not Acceptable)	
1921 NORTH THIRD STREET	
JACKSONVILLE BEACH FL 32250 83	,
84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1509. Florida Statutes the above named cornoration submits this statement for the purpose of changing its registration.	orod
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 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 register agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	red
SIGNATURE Signature: 1-pood or profed 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	<u> </u>
	dition
NAME FOY, SHARON A. 1.2 NAME	
STREET ADDRESS 4161 WINDSOR PARKE DR, E 1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 3,2,2,24 1.4 CITY-ST-ZIP	1200-
	ddition
NAME MANAHAN, MARGARET 2.2 NAME STREET ADDRESS 2709 LIBERTY LANE 2.3 STREET ADDRESS	
HOUDDING TO DOLLEY CO.	
CITY-ST-ZIP	dition .
NAME MARTIN, CRAHAM C. 32 NAME	
STREET ADDRESS 12969 PALMETTO GLADE DR. 3.3 STREET ADDRESS	
CHY-ST-ZIP JACKSONVILLE FL 32246 34.CHY-ST-ZIP	
TITLE D DELETE 4.1 TITLE	ldition
NAME BENSON, LA RUE 4.2 NAME	
STREET ADDRESS 128 35TH AVE., SOUTH 4.3 STREET ADDRESS	
CHY-ST-ZIP JACKSONVILLE BCH. FL 32250 4.4 CHY-ST-ZIP	
	ddition
NAME JONES, ROSEMARY 5.2 NAME	
STREET ADDRESS CHY-ST-ZIP ATLANTIC BEACH FL 322 33 53 STREET ADDRESS 54 CHY-ST-ZIP	
	dillos
TITLE D DELETE 6.1 TITLE Change Ac	UOINU
NAME KELLY, REV. WILLIAM A. STREET ADDRESS 224 N. FIFTH STREET 63 STREET ADDRESS	i
STREET ADDRESS 224 N. FIFTH STREET CITY-SI-ZIP JACKSONVILLE BCH. FL 3220 64 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. SIGNATURE: SHARON A.FOY