

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770463 (8)**

1. Corporation Name  
**C. G. JUNG SOCIETY OF NORTHEAST FLORIDA, INC.**

Principal Place of Business <b>1911 LANDWOOD ST JACKSONVILLE FL 32211</b>	Mailing Address <b>1911 LANDWOOD ST JACKSONVILLE FL 32211-5016</b>
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2. Principal Place of Business <b>21 1015 ATLANTIC BLVD</b>		2a. Mailing Address <b>26 1015 ATLANTIC BLVD</b>		3. Date Incorporated or Qualified <b>09/28/1983</b>	3a. Date of Last Report <b>03/14/1996</b>
Suite, Apt. #, etc. <b>22 Suite 171</b>		Suite, Apt. #, etc. <b>27 Suite 171</b>		4. FEI Number <b>59-2422811</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 ATLANTIC BEACH, FL</b>		City & State <b>28 ATLANTIC BEACH, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 32233</b>	Country <b>25 USA</b>	Zip <b>29 32233</b>	Country <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FREEMAN, ROBERT O. FLORIDA NATIONAL BANK TOWER SUITE 2100 JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERG, HALLIE COLLINS</b>	1.2 NAME	
STREET ADDRESS	<b>379 10TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALTERS, HANK</b>	2.2 NAME	<b>MARGARET TILLEY</b>
STREET ADDRESS	<b>1911 LANDWOOD ST.</b>	2.3 STREET ADDRESS	<b>1212 N. 14th AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TILLEY, ALLEN</b>	3.2 NAME	
STREET ADDRESS	<b>1212 14TH AVE N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTERS, MARIA D.</b>	4.2 NAME	
STREET ADDRESS	<b>1911 LANDWOOD STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMERSON-SMITH, HARRY</b>	5.2 NAME	
STREET ADDRESS	<b>3148 8TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BCH 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 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, changed, or on an attachment with an address.

SIGNATURE: **MARGARET TILLEY** **MARGARET TILLEY** 4-18-97 (904)246-8459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TREASURER) Date Daytime Phone #0005490

CR2E037 (9/96)