

FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # 770463 (8)**  
1. Corporation Name  
**C. G. JUNG SOCIETY OF NORTHEAST FLORIDA, INC.**

Principal Place of Business <b>1015 ATLANTIC BLVD STE. 171 ATLANTIC BEACH FL 32233 US</b>	Mailing Address <b>1015 ATLANTIC BLVD. STE. 171 ATLANTIC BEACH FL 32233 US</b>
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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
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3. Date Incorporated or Qualified <b>09/28/1983</b>	
4. FEI Number <b>59-2422811</b>	Applied For Not Applicable
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FREEMAN, ROBERT O.  
FLORIDA NATIONAL BANK TOWER  
SUITE 2100  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BERG, HALLIE COLLINS</b>
STREET ADDRESS	<b>379 10TH ST</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TILLEY, MARGARET</b>
STREET ADDRESS	<b>1212 N. 14TH AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL</b>
TITLE	<b>D-VP</b> <input type="checkbox"/> DELETE
NAME	<b>TILLEY, ALLEN</b>
STREET ADDRESS	<b>1212 14TH AVE N</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALTERS, MARIA D.</b>
STREET ADDRESS	<b>1911 LANDWOOD STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EMERSON-SMITH, HARRY</b>
STREET ADDRESS	<b>3148 8TH ST</b>
CITY-ST-ZIP	<b>ATLANTIC BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Emerson-Smith, Mary</b>
1.3 STREET ADDRESS	<b>314-B 8th St</b>
1.4 CITY-ST-ZIP	<b>Atlantic Beach, FL 32233</b>
2.1 TITLE	<b>Sec. D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Gomez, Barbara</b>
2.3 STREET ADDRESS	<b>2703 2nd St. South</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32250</b>
3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Graham, Cynthia</b>
3.3 STREET ADDRESS	<b>6804 Linford Lane</b>
3.4 CITY-ST-ZIP	<b>Jacksonville FL 32217</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Begley, Carl</b>
4.3 STREET ADDRESS	<b>1638 Camden Ave</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Cynthia A. Graham 1-12-98 904-737-5742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006126

CR2E037 (10/97)