

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006182 (8)

1. Corporation Name

METANOIA COMMUNITY, INC.

Principal Place of Business

1702 HWY 40 E.
ST. MARYS GA 31558

Mailing Address

1702 HWY 40 E.
ST. MARYS GA 31558



3. Date Incorporated or Qualified
12/19/1995

3a. Date of Last Report
FIRST REPORT

2. Principal Place of Business

2a. Mailing Address

21 12230 FLYNN WOODS RD

26 12230 FLYNN WOODS RD

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 32223

25 DUVAL

29 32223

30 DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name JOHN X LINNEHAN.

82 Street Address (P.O. Box Number is Not Acceptable)

12230 FLYNN WOODS RD

83

84 City JACKSONVILLE

FL

85 Zip Code
32223

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

John X. Linnehan

JOHN X LINNEHAN

Feb 8, 1996

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 PD
NAME LINNEHAN, MARTINA W
STREET ADDRESS 1702 HWY 40 E.
CITY-ST-ZIP ST. MARYS GA 31558

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
12230 FLYNN WOODS RD
JACKSONVILLE, FL 32223-2655

TITLE DV
NAME HLADKY, GREG
STREET ADDRESS 11247 SAN JOSE BLVD APT. 2105
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BRUBACHER, BETH
STREET ADDRESS 11247 SAN JOSE BLVD APT. 2105
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DSTA
NAME LINNEHAN, JOHN X
STREET ADDRESS 1702 HWY 40 E.
CITY-ST-ZIP ST. MARYS GA 31558

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition
12230 FLYNN WOODS RD
JACKSONVILLE, FL 32223-2655

TITLE D
NAME APPOLONE, EILEEN
STREET ADDRESS 1 WOODLAWN AVE.
CITY-ST-ZIP ASHEVILLE NC 28801

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DAVIS, CHARLES R
STREET ADDRESS 110 BOWEN ST.
CITY-ST-ZIP ST. MARYS GA 31558

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☒ Addition
Director - Agent - GA
JUDY KUGLER
4298 COVE WAY
MARIETTA, GA 30067

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Martina W Linnehan, President Feb 8, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTINA W LINNEHAN

Date

Daytime Phone #

CR2E037 (12/95)