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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006182

1. Corporation Name
METANOIA COMMUNITY, INC.

Principal Place of Business 12230 FLYNN WOODS ROAD JACKSONVILLE FL 32223 US	Mailing Address 12230 FLYNN WOODS ROAD JACKSONVILLE FL 32223 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/19/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LINNEHAN, JOHN X
12230 FLYNN WOODS ROAD
JACKSONVILLE FL 32223

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

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 LINNEHAN, MARTINA W 12230 FLYNN WOODS ROAD JACKSONVILLE FL 32223	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV HLADKY, GREG 11230 FLYNN WOODS ROAD JACKSONVILLE FL 32223	2.1 TITLE	KARL CHAMBERS
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	2836 3rd AVE N
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	D BRUBACHER, BETH 11230 FLYNN WOODS ROAD JACKSONVILLE FL 32223	3.1 TITLE	DIRECTOR
NAME		3.2 NAME	DEBAIG CHAMBERS
STREET ADDRESS		3.3 STREET ADDRESS	2836 3rd AVE N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	DSTA LINNEHAN, JOHN X 12230 FLYNN WOODS ROAD JACKSONVILLE FL 32223	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D APPOLONE, EILEEN 300 S ELM ST GREENVILLE NC 27858	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KUGLER, JUDY 4298 COVE WAY MARIETTA GA 30067	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *MARTINA W LINNEHAN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (904) 262-5071
 Date Daytime Phone #