

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003994

1. Entity Name

JACKSONVILLE - DUVAL COUNTY COUNCIL ON ELDER AFF  
AIRS FOUNDATION, INC.

Principal Place of Business

Mailing Address

150 E FIRST ST  
JACKSONVILLE FL 32206

150 E FIRST ST  
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYER, TYRIE A  
210 E FORSYTH ST  
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FORTUNA, JAMES L SR  
STREET ADDRESS 2305 LAKE LUCINA DR  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME JENNINGS, CLYDE  
STREET ADDRESS 319 W 70TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BOYER, TYRIE A  
STREET ADDRESS 210 E FORSYTH ST  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DIXON, FRANCES  
STREET ADDRESS 460 W 70TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME DANGLADE, JOHN P  
STREET ADDRESS 5913 LORAN DR N  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2203 Hirsch Ave.  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

9447432305



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)