2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90353 032 ****61.25

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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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☑ Delete	TITLE	D ☐ Change ☒ Addition
NAME	FORTUNA, JAMES L SR	NAME	RALPH SISTRUNK J. D.
STREET ADDRESS	2305 LAKE LUCINA DR	STREET ADDRESS	13071 ISLE WORTH RIDGE CT
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	JENNINGS, CLYDE	NAME	JENNINGS, CLYDE
STREET ADDRESS	319 W 70TH ST	STREET ADDRESS	319 W. 70TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOYER, TYRIE A	NAME	
STREET ADDRESS	210 E FORSYTH ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	DIXON, FRANCES	NAME	DIXON, FRANCES
STREET ADDRESS	460 W 70TH ST	STREET ADDRESS	319 W. 70TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	TD ☑ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	DANGLADE, JOHN P	NAME	MARI TERBRUEGGEN
STREET ADDRESS	2203 HIRSCH AVENUE	STREET ADDRESS	9745 HOOD ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	MICKEY ALBERT
STREET ADDRESS		STREET ADDRESS	1230 MAPLETON ROAD
CITY-ST-ZIP	NOTE CONTINUED DIRECTORS ON PAGE 2	CITY-ST-ZIP	JACKSONVILLE, FL 32207

CR2E037 (10/02)

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED — APRIL 15, 2003 — 904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Attachment
N00000003994

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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH COBB 4353 JEROME AVE. JACKSONVILLE, FL 32209 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY SMITH 8911 LOPEZ COURT JACKSONVILLE, FL 32216 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB BRINSON 5036 JAMMES ROAD JACKSONVILLE, FL 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN THOMAS 520 DAVIS STREET NEPTUNE BEACH, FL 32266 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

JACKSONVILLE - DUVAL COUNTY COUNCIL ON ELDER AFFAIRS FOUNDATION, INC

OFFICERS AND DIRECTORS CONTINUED FROM PAGE #1 (ITEM #11)

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