

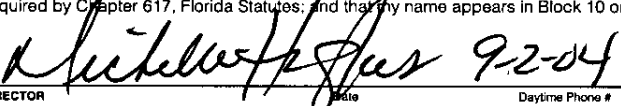


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000011032 1. Entity Name JACKSONVILLE NETWORK FOR STRENGTHENING FAMILIES INCORPORATED						RE: LETTER NUMBER 04 OCT 4 08 PM 00054234 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 23 W 8TH ST JACKSONVILLE, FL 32206				Mailing Address 23 W 8TH ST JACKSONVILLE, FL 32206			
2. Principal Place of Business 5258-7 Norwood Avenue		3. Mailing Address 900 University Blvd., N.					
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. 405					
City & State Jacksonville, FL 32208		City & State Jacksonville, FL 32211					
Zip 32208		Country USA		Zip 32211		Country USA	
4. FEI Number 20-0578191				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired XX				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, WILLIE C 23 W 8TH ST JACKSONVILLE, FL 32206				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME GUNDY, R L STREET ADDRESS 2036 SILVER ST CITY-ST-ZIP JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete			TITLE D NAME Robyn Cenizal STREET ADDRESS 117 West Duval Street, #400 CITY-ST-ZIP Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VP NAME BASELICE, TOM DCF STREET ADDRESS 3225 UNIVERSITY BLVD S CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			TITLE D NAME Jan Golden STREET ADDRESS 1639 Atlantic Boulevard CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S NAME HUGHES, MICHELLE STREET ADDRESS 1131 N LAURA ST CITY-ST-ZIP JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete			TITLE D NAME Russell Kopp STREET ADDRESS 8000 Arlington Espressway CITY-ST-ZIP Jacksonville, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME HEATH, MARIE STREET ADDRESS EDWARD WATERS COLLEGE, KINGS RD CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			200041731242 10/08/04--01065--014 **70.00			
TITLE M NAME JOHNSON, WALTER STREET ADDRESS 2335 N DAVIS ST CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.							
SIGNATURE: Michelle Hughes, Secretary 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							