

FILE NOW: FILING FEE IS \$61.25

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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03879** (6)

1. Corporation Name

**J. M. COLEMAN RESEARCH CENTER INC.**

Principal Place of Business

Mailing Address

**2800 OAK ST.,  
SARASOTA FL 34237**

**2800 OAK ST.,  
SARASOTA FL 34237-7344**



3. Date Incorporated or Qualified **06/25/1984** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0041312</b>		Applied For	
<b>21</b>		<b>26</b>				<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country				
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRETT, DR. NELSON LEE  
2800 OAK STREET  
SARASOTA FL 34237**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	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 617.0504, Florida Statutes.

SIGNATURE *Nelson Lee* (NOTE: Registered Agent signature required when re-naming) DATE **5/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, DR. NELSON LEE</b>	1.2 NAME	
STREET ADDRESS	<b>2800 OAK ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, ANNADELL</b>	2.2 NAME	
STREET ADDRESS	<b>2800 OAK ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGGINS, MARYEDITH</b>	3.2 NAME	
STREET ADDRESS	<b>108 PROSPECT AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANKENSHIP, JUANITA</b>	4.2 NAME	
STREET ADDRESS	<b>BOX 20 RR 3</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARSHALL IL 62441</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

(941) 366-5931

CR2E037 (9/96)