


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N07524 (4)</b> 1. Corporation Name <b>NORTHEAST FLORIDA VETERANS COUNCIL, INCORPORATED</b>					
Principal Place of Business <b>421 WEST CHURCH STREET SUITE 108-09 JACKSONVILLE FL 32202-1111</b>			Mailing Address <b>421 WEST CHURCH STREET SUITE 108-09 JACKSONVILLE FL 32202-1111</b>		
2. Principal Place of Business 21 <b>117 W DUVAL ST</b> Suite, Apt. #, etc. 22 <b>SUITE 175</b> City & State 23 <b>JACKSONVILLE, FL</b> Zip 24 <b>32202</b>		2a. Mailing Address 25 <b>117 W DUVAL</b> Suite, Apt. #, etc. 27 <b>SUITE 175</b> City & State 28 <b>JACKSONVILLE, FL</b> Zip 29 <b>32202</b>		Country 30 <b>DUVAL</b>	
9. Name and Address of Current Registered Agent <b>SULLIVAN, JR. O 1565 W. 7TH STREET JACKSONVILLE FL 32209</b>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	<b>SULLIVAN, OSCAR JR</b>				
STREET ADDRESS	<b>1565 WEST 7TH ST</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	<b>PADGETT, JR. R</b>				
STREET ADDRESS	<b>3825 RODDY DRIVE</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
TITLE	SVD	<input type="checkbox"/> DELETE			
NAME	<b>SAWLEY, JR. S</b>				
STREET ADDRESS	<b>P. O. BOX 368 N/A</b>				
CITY-ST-ZIP	<b>WHITEHOUSE FL</b>				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	<b>GUEST, FRED</b>				
STREET ADDRESS	<b>10928 ALOHA DRIVE</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	<b>WHITE, BARBARA T.</b>				
STREET ADDRESS	<b>3846 SUDBURY AVE.</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	<b>KMIEC, EDWARD M</b>				
STREET ADDRESS	<b>4647 SCARLET CT</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<b>VCD ELBERT SAWLEY</b>				
2.3 STREET ADDRESS	<b>PO BOX 368 N/A WHITE HOUSE, FL</b>				
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<b>SVD DAVID PIPPIN</b>				
3.3 STREET ADDRESS	<b>320 ARIES DR.</b>				
3.4 CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	<b>SD CHUCK WINGATE</b>				
4.3 STREET ADDRESS	<b>3790 HELICON DR JACKSONVILLE, FL 32213</b>				
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)