

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08025

1. Corporation Name

EXECUTIVE SERVICE CORPS OF
NORTHEAST FLORIDA, INC

Principal Place of Business

Mailing Address

c/o William H. Dodd
7113 TONGA DR
JACKSONVILLE, FL 32216

SAME

3. Date incorporated or Qualified

3/7/85

3a. Date of Last Report

Applied For

Not Applicable

4. FEI Number

59-2514006

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William H. Dodd
7113 TONGA DR
JACKSONVILLE, FL 32216

81. Name

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

83.

84. City

FL

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 617.0503, Florida Statutes.

SIGNATURE

William H. Dodd

William H. Dodd

4/16/96

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR
NAME BECKWITH, HENRY H.
STREET ADDRESS 524 STUCKTON ST
CITY-ST-ZIP JACKSONVILLE, FL
TITLE EXECUTIVE DIRECTOR
NAME William H. Dodd
STREET ADDRESS 7113 TONGA DR.
CITY-ST-ZIP JACKSONVILLE, FL
TITLE DIRECTOR
NAME Robert Frampton
STREET ADDRESS 8145 HUNTERS GROVE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256
TITLE CHAIRMAN OF BOARD
NAME MICHAEL R. HIGHTOWER
STREET ADDRESS P.O. Box 1798-19T
CITY-ST-ZIP JACKSONVILLE, FL 32231-0014
TITLE DIRECTOR
NAME ARLIN D. LEWIS
STREET ADDRESS 1413 FOREST MARSH DRIVE
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William H. Dodd William H. Dodd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

DATE

(904) 725-2945

Daytime Phone #

CR2E037 (12/95)