


FILE NOW: FILING FEE IS \$61.25

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Jan 29 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 # N08025 (1)**  
1. Corporation Name  
**EXECUTIVE SERVICE CORPS OF NORTHEAST FLORIDA, IN C.**



Principal Place of Business <b>C/O WILLIAM H. DODD 7113 TONGA DR. JACKSONVILLE FL 32216 US</b>	Mailing Address <b>C/O WILLIAM H. DODD 7113 TONGA DR. JACKSONVILLE FL 32216-3213 US</b>
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3. Date Incorporated or Qualified <b>03/07/1985</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2514006</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DODD, WILLIAM H 7113 TONGA DR JACKSONVILLE FL 32216</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BECKWITH, HENRY H.</b>		1.2 NAME	
STREET ADDRESS <b>524 STUCKTON ST.</b>		1.3 STREET ADDRESS <b>524 STOCKTON ST.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DTP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FRAPMONT, ROBERT</b>		2.2 NAME	
STREET ADDRESS <b>8145 HUNTERS GROVE RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>		2.4 CITY-ST-ZIP	
TITLE <b>MD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DODD, WILLIAM H.</b>		3.2 NAME	
STREET ADDRESS <b>7113 TONGA DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HIGHTOWER, MICHAEL R.</b>		4.2 NAME	
STREET ADDRESS <b>PO BOX 1798-19T N/A</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32231-0014</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ARLIN, LEWIS D.</b>		5.2 NAME	
STREET ADDRESS <b>1413 FOREST MARSH DR.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEPTUNE BCH. FL 32266</b>		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.

SIGNATURE: *William H Dodd* **William H Dodd** 1/14/97 (904) 775-2945

CR2E037 (9/96)