

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90014 004 ****61.25

0005479

DOCUMENT # N08025

1. Corporation Name

EXECUTIVE SERVICE CORPS OF NORTHEAST FLORIDA, IN
C.

Principal Place of Business

C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE FL 32216
US

Mailing Address

C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE FL 32216
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1985

4. FEI Number

59-2514006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DODD, WILLIAM H
7113 TONGA DR
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BECKWITH, HENRY H.
STREET ADDRESS 524 STOCKTON ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DTP ☐ DELETE
NAME FRAPMONT, ROBERT
STREET ADDRESS 8145 HUNTERS GROVE RD.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE MD ☐ DELETE
NAME DODD, WILLIAM H.
STREET ADDRESS 7113 TONGA DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE CD ☐ DELETE
NAME HIGHTOWER, MICHAEL R.
STREET ADDRESS PO BOX 1798-19T N/A
CITY-ST-ZIP JACKSONVILLE FL 32231-0014

TITLE D ☐ DELETE
NAME ARLIN, LEWIS D.
STREET ADDRESS 1413 FOREST MARSH DR.
CITY-ST-ZIP NEPTUNE BCH. FL 32266

TITLE CD ☐ DELETE
NAME Cassidy, George E.
STREET ADDRESS 4800 Deerwood Campus Parkway
CITY-ST-ZIP Jacksonville, FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME HIGHTOWER, MICHAEL R.
4.3 STREET ADDRESS PO BOX 1798-19T
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32231-0014

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)