FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 V

•	MENT # N10 OUNDATION OF JACKS				
Principal Plac	e of Business	Mailing Address		T SOREGIAN CON HIER ORINO ANNO ANNO ANNO ANNO	I ENDIL DEBEK DEREN DIDIN DEBEN DEDIL IRBL
121 WEST CHURCH STREET NACKSONVILLE FL 32202			421 WEST CHURCH STREET JACKSONVILLE FL 32202-4173		
	_			3. Date Incorporated or Qualified 09/05/1985	3a. Date of Last Report 04/12/1996
2. Principal P 21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2708405	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		\$5.00 May Be Added to Fees
Zip 24	Country 25	7 ip	Country 30	Trust Fund Contribution 8. This corporation has liability for it Florida Statutes	
		Current Registered Agent		10. Name and Address of New Re	
· · · -			B1 Name		
FOUTS, ROY			82 Street A	ddress (P.O. Box Number is Not Acceptab	(e)
421 W CHURCH ST			83		
JACKSON	IVILLE FL 32202		63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections (617.0502 and 617.1508, Florida Statul	tes, the above-named o	porporation submits this statement for the poration's board of directors. I hereby accept	
office or r	egistered agent, or both, in th m familiar with, and accept th	e State of Florida. Such change was o obligations of, Section 617.0503, FI	authorized by the corpo orida Statutes.	pration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of regi	stered agent and title if applicable. (NOT RS AND DIRECTORS	E: Rog stored Agent signature re 13.	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIDECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	D	Change Addition
NAME	GRIMES, BECKY		1.2 NAME	Grimes, Becky	A . –
STREET ADDRESS	421 W CHURCH ST		1.3 STREET ADDRESS	421 W Church St.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S1-ZIP	Jacksonville, FL 3220	2-4139
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, MARION		2.2 NAME		
STREET ADDRESS	421 W CHURCH ST	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	2. 4 City-St-ZiP		Change Addition
TITLE NAME	D Fouts, roy	C) precie	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	421 W CHURCH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	D, C	Change Addition
NAME	NASH, ERAN	*-	4. 2 NAME	Fairchild, Keith	41
STREET ADDRESS	421 W CHURCH ST		4.3 STREET ADDRESS	421 W Church St.	
CITY-ST-ZIP	JACKSONVILLE FL 3220		4.4 City-St-ZiP	Jacksonville, FL 3220	2-4139
TITLE		☐ DELETE	5.1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELEVE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Land October	6.2 NAME		_ onengo noonton
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do herek	by certify that the information s	supplied with this filing does not quali	fy for the exemption sta	ted in Section 119.07(3)(i), Florida Statutes	. I further certify that the
i am an oi appears i	fficer or director of the corpora n Block 12 or Block 13 if char	ation or the receiver or trustee empoy nged, or on an attachment with an ad-	vered to execute this red dress.	hal my signature shall have the same legal port as required by Chapter 617, Florida Si	atutes; and that my name

4/4/22

FILED

Apr 14 1997 8:00am

Secretary of State