FILE NOW: FILING FEE \$ \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLC IDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

· DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N13984

(2)

City & State Ci	
### ACKSONVILLE FL 32201 ### ACKSONVILLE FL 32205 ### ACKSONVILLE FL 32216 ### ACKSONVILLE FL	
US 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Adel nonorportation of Valuation (1997) (1986) 3. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired Agent of Status Desired 5. Certificate of Status Desired Agent	
Suite, Apt. #, etc. Suite, Ap	•
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
City & State Country Zip Country Zip Country Zip Country Zip Country Signature 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 82. Street Address (P.O. Box Number is Not Acceptable) 14. City FL 83. Street Address (P.O. Box Number is Not Acceptable) 15. Pursuant to the provisions of Sections 6 (7,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its or registered agent, or both, in the State of Florida, Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registere familiar with, and accept the obligations of, Section 617,0502, Florida Statutes SIGNATURE Signature typic or pread name of registered agent are this it applicable. POIL Flequency Agent sequence when residing. DATE 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 POIL ST-ZIP JACKSONVILLE FL 32216 ALTERMAN, LEONARD 31. ALTERMAN, LEONARD	Not Applicable Additional
City & State City & State City	Required
Zep	May Be
PAULA ANNE HINSON 1826 GERALDINE DRIVE JACKSONVILLE FL 32205 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 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 register familiar with, and accept the oblegators of, Section 617.0503, Florida Statutes. SIGNATURE Signature typind or printed rane of registered agent are till applicable. POTE Figs thereof Agent agentus resulted when restating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DITILE D OELETE 1.1 ITILE D OELETE 1.3 SIRRET ADDRESS 1626 GERALDINE DR. 1.3 SIRRET ADDRESS 1626 GERALDINE DR. 1.3 SIRRET ADDRESS 1526 GERALDINE DR. 1.4 CITY-ST-27P JACKSONVILLE FL 32205 1.4 CITY-ST-27P JACKSONVILLE FL 32216 2.4 CITY-ST-27P JACKSONVILLE FL 32216 2.4 CITY-ST-27P JACKSONVILLE FL 32216 ALTERMAN, LEONARD 3.3 SIRRET ADDRESS CITY-ST-27P JACKSONVILLE FL 32225 ALTERMAN, LEONARD 3.4 CITY-ST-27P JACKSONVILLE FL 32216 4.4 CITY-ST-27P JACKSONVILLE FL 32216 ALTERMAN, LEONARD 3.3 SIRRET ADDRESS CITY-ST-27P JACKSONVILLE FL 32225 4.4 CITY-ST-27P JACKSONVILLE FL 32216 ALTERMAN, LEONARD 3.3 SIRRET ADDRESS CITY-ST-27P JACKSONVILLE FL 32216 4.4 CITY-ST-27P JACKSONVILLE FL 32216 ALTERMAN, LEONARD ALTERMAN, LEONARD JACKSONVILLE FL 32216 ALTERMAN LEONARD JACKSONVILLE FL 32216	d to Fees
PAULA ANNE HINSON 1826 GERALDINE DRIVE JACKSONVILLE FL 32205 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 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 registere familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or protect name of registered agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Find advances agent agent agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Fing dreved Agent speaker required agent are tist. It applicable. POTE Find agent agent agent agent are tist. It applicable. POTE Find agent agent agent agent are tist. It applicable. POTE Find agent a	. 199.032,
PAULA ANNE HINSON 1826 GERALDINE DRIVE JACKSONVILLE FL 32205 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 2 85 2 86 City FL 85 2 87 Street Address (P.O. Box Number is Not Acceptable) 88 City FL 85 2 89 City FL 85 2 89 City FL 85 2 80 City FL 85 2 81 City FL 85 2 81 City FL 85 2 81 City FL 85 2 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 2 84 City FL 85 2 85 City FL 85 2 86 City FL 85 2 87 City FL 85 2 88 City FL 85 2 89 City FL 85 2 80 City FL 85 2 81 City FL 85 2 81 City FL 85 2 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 2 85 City FL 85 2 86 City FL 85 2 87 City FL 85 2 88 City FL 85 2 88 City Sirel Address (P.O. Box Number is Not Acceptable) 89 City FL 85 2 80 City FL 85 2 80 City Sirel Address (P.O. Box Number is Not Acceptable) 80 City FL 85 2 81 City FL	
1626 GERALDINE DRIVE JACKSONVILLE FL 32205 83 64 City FL 85 2 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fioridal Statutes, the above-named corporation submits the statement for the purpose of changing its 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 registere familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes. SIGNATURE	
1626 GERALDINE DRIVE JACKSONVILLE FL 32205 83 64 City FL 85 2 11. Pursuent to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits the statement for the purpose of changing its 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 registere familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature typod or printed name of negistered agent are fitter it applicable. POTE: Pleg direct Agent spreature recurred when reliasting. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE D DELETE 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP JACKSONVILLE FL 32205 1.4 CITY - ST - ZIP JACKSONVILLE FL 32205 1.4 CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 2.1 TITLE D DELETE 2.1 TITLE D DELETE 2.1 TITLE D Change STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 3.1 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 3.1 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 3.1 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 3.1 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 DELETE 4.1 TITLE C Change ALTERMAN, LEONARD 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32256 TITLE T DELETE 4.1 TITLE C Change ALTERMAN LEONARD 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 ALTERMAN LEONARD 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 ALTERMAN LEONARD 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 ALTERMAN LEONARD 3.3 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 ALTERMAN LEONARD 3.3 STREET ADDRESS ALTERMAN LEONARD 4.2 NAME ALTERMAN LEONARD 4.2 NAME ALTERMA	
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 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 registers affailing with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent are this it applicable. PIOTE Registered Agent signature required when relicability DATE	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent are first it applicable. POTE Fleg stered Agent Sprature required when relevating. DATE	
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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent are fitt it applicable. NOTE Registered Agent signature required when relinating). DATE	p Code
SIGNATURE Signature typed or printed name of registered agent are title it applicable NOTE: Fieg stered Agent signature required when reinstating), DATE	
Signature typod or printed name of registered agent and title it applicable. NOTE: Fog stored Agent seperture required when reinstalling. DATE	d agent. I am
TITLE D D DELETE 1.1 TITLE CANME NAME HINSON, PAULA ANNE STREET ADDRESS 1626 GERALDINE DR. 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 TITLE PD D DELETE 2.1 TITLE 2.2 NAME NAME DAY, JOANNE REED 2.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 TITLE SD D DELETE 3.1 TITLE SD ALTERMAN, LEONARD 3.2 NAME STREET ADDRESS 9116 CYPRESS GREEN DR. 3.3 STREET ADDRESS 1.3 STREET AD	
NAME	
1.3 STREET ADDRESS	Addition
CITY-ST-ZIP	
TITLE PD DELETE 2.1 TITLE Change NAME DAY, JOANNE REED 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME ALTERMAN, LEONARD 32 NAME 32 NAME CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32254 3.4 CITY-ST-ZIP 1 TITLE T DELETE 4.1 TITLE Change NAME JOHNSON GREG 4.2 NAME 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP	
NAME DAY, JOANNE REED 22 NAME STREET ADDRESS 7077 BONNEVAL ROAD 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE NAME ALTERMAN, LEONARD 3.2 NAME STREET ADDRESS 9116 CYPRESS GREEN DR. 3.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 3225€ 3.4 CITY-ST-ZIP TITLE T DELETE 4.1 TITLE NAME JOHNSON GREG 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	☐ Addition
STREET ADDRESS 7077 BONNEVAL ROAD 2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32216 2.4 CITY-ST-ZIP TITLE SD □DELETE 3.1 TITLE □Change NAME ALTERMAN, LEONARD 3.2 NAME 3.3 STREET ADDRESS □CITY-ST-ZIP □CHANGE	
TITLE SD DELETE 3.1 TITLE Change NAME ALTERMAN, LEONARD 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 1 STREET ADDRESS 9116 CYPRESS GREEN DR. 3.4 CITY-ST-ZIP 1 1 TITLE T DELETE 4.1 TITLE 1 Change NAME JOHNSON GREG 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 5 STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS 5 4.4 CITY-ST-ZIP GITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.5 CITY-ST-ZIP	
STREET ADDRESS 9116 CYPRESS GREEN DR. 3.3 STREET ADDRESS 1 CITY-ST-ZIP JACKSONVILLE FL 3225€ 3.4 CITY-ST-ZIP 1 TITLE T □ DELETE 4.1 TITLE □ Change NAME JOHNSON GREG 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	Addition
CITY-ST-ZIP JACKSONVILLE FL 3.2 5 € 3.4 CITY-ST-ZIP 1 TITLE T □DELETE 4.1 TITLE □ □Change NAME JOHNSON GREG 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	
TITLE TODATES A.1 TITLE 4.1 TITLE CHANGE NAME JOHNSON GREG 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	
NAME JOHNSON GREG 4.2 NAME STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	
STREET ADDRESS 7077 BONNEVAL ROAD 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	☐ Addition
CITY-ST-ZIP JACKSONVILLE FL 32216 4.4 CITY-ST-ZIP	
Tobletc.	
TITLE D' DELETE 5.1 TITLE C'Ange	Addition
TITLE D 5.1 TITLE 5.2 NAME DAVIS MARLEEN D. REV. 5.2 NAME	L. Adollon
STREET ADDRESS 1544 CHELSEA PLACE 5.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK, FL 32073 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 62 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida State certify that the information indicated on this anjural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as oath; that I am an officer or discours of the correction or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the appears in Block 12 or Block 13 is ganged or on an attachment with an address.	tes I further f made under at my name