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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17653** (9)

1. Corporation Name

DUVAL COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**515 LOMAX STREET.
JACKSONVILLE FL 32204**

**515 LOMAX STREET.
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified

11/04/1986

4. FEI Number

59-2951817

Applied For

Not Applicable

2. Principal Place of Business

21 1045 RIVERSIDE AVE.

Suite, Apt. #, etc.

22 #190

City & State

23 JACKSONVILLE, FL

Zip

24 32204

Country

25 USA

2a. Mailing Address

26 PO Box 40465

Suite, Apt. #, etc.

City & State

28 JACKSONVILLE, FL

Zip

29 32203-0465

Country

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT, PHILIP H
515 LOMAX STREET.
JACKSONVILLE FL 32204**

81 Name GILBERT, PHILIP

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

1045 RIVERSIDE AVE.

#190

84 City JACKSONVILLE

FL

85 Zip Code

32204

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	PD
NAME	DOLAN, CHERYL
STREET ADDRESS	1205 MAPLETON RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PEO
NAME	HARMON, JOAN
STREET ADDRESS	4233 MORENA LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD
NAME	QUINLAN, DIANA
STREET ADDRESS	6644 EPPING FOREST WAY N
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	JIMENEZ, VICKI
STREET ADDRESS	116 SEVEN IRON CT.
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	TD
NAME	BARAKAT, LILIANE
STREET ADDRESS	4258 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	KARTSONIS, HOLLY
STREET ADDRESS	8218 BAHIA BLANCA CT
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	NARMON, JOAN
1.3 STREET ADDRESS	4233 MORENA LANE
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
2.1 TITLE	TD
2.2 NAME	JAMISON, PAT
2.3 STREET ADDRESS	6839 LINDFORD LANE
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
3.1 TITLE	S
3.2 NAME	QUINLAN, DIANA
3.3 STREET ADDRESS	6644 EPPING FOREST WAY
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
4.1 TITLE	VPD
4.2 NAME	JIMENEZ, VICKI
4.3 STREET ADDRESS	116 SEVEN IRON CT
4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL
5.1 TITLE	D
5.2 NAME	DOLAN, CHERYL
5.3 STREET ADDRESS	1205 MAPLETON RD
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
6.1 TITLE	
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 in an attachment with an address.

SIGNATURE: *Patricia Jamison*

4/15/98

(904) 448-9434

CR2E037 (10/97)