FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

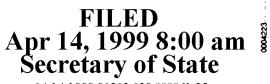
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18330

1. Corporation Name

ST. JOE CORPORATION FOUNDATION, INC.



04-14-1999 90203 039 ****61.25

Principal Place	of Business	Mailing Address			
1650 PRUDENTIAL DRIVE		P.O. BOX 1380)
SUITE 400		JACKSONVILLE FL 32201			
JACKSONVILLE FL 32207		US			1
US					
5 5	4 Dualman	2a. Mailing Address			3. Date Incorporated or Qualifed
2. Principal Place of Business					12/18/1986
21		Suite Ant # atc			4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2803132 Not Applicable
22		City P. State			\$8,75 Additional
City & State		City & State			5. Certificate of Status Desired Fee Required
23		28	Zip Country		
Zip	Country	— · · · — —		iu y	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
24	25	<u> 1 - 1</u>	30		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81 Name	IV. Marile and Address of New Registers Agent
\			T Tanno		
RHODES, ROBERT M			Ì	82 Street	Address (P.O. Box Number is Not Acceptable)
165G PRU	DENTIAL DRIVE				
SUITE 400)	83		83	
	VILLE FL 32207		•	84 City	85 Zip Code
				1 1	FL FL FL FL FL FL FL FL
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					
11. Plursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to 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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TIT	LE	PD Change Addition
NAME	RUMMELL, PETER S		1.2 NA	ve i	REVIN M. TWOMEY
	1650 PRUDENTIAL DRIVE #400			REET ADORESS	1650 PRUDENTIAL DR., STE 400
STREET ADDRESS					JACKSONVILLE, FL 32207
CITY-ST-ZIP	JACKSONVILLE FL	XX DELETE	2.1 TIT	Y-ST-ZIP	☐ Change ☐ Addition
TITLE	PD	EN OFFER	ı	1	
NAME	LEDSINGER, CHARLES A J		2.2 NA		
STREET ADDRESS	1650 PRUDENTIAL DRIVE #400	•		REET ADDRESS	
CITY-ST-ZIP .	JACKSONVILLE FL-32207			ry-st-zip	Change Addition
TITLE	SVPD	DELETE	3.1 711		Change Modelon
NAME	RHODES, ROBERT M		3.2 NA	ME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE #400		3.3 ST	REET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	•	3.4. CI	TY-ST-ZIP	
TITLE		☐ DELETE	4.1 711	LE !	Change Addition
NAME			4.2 N	WE	
STREET ADDRESS			4.3 ST	REET ADDRESS	
CITY-ST-ZIP			4.4 CT	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TT	LE	☐ Change ☐ Addition
NAME		_	5.2 NA		
STREET ADDRESS			5.3 ST	REET ADDRESS	
				Y-ST-ZIP	
CITY-ST-ZIP	· · ·	☐ DELETE	6.1 111		Change Addition
TITLE		- Deter 14	6.2 N		
NAME			ł	REET ADDRESS	
STREET ADDRESS					
CITY OT 7ID]		■ 6.4 Cl	Y-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.