FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

NUTRITION INSTITUTE OF FLORIDA, INC.

FILED
Mar 16 1998 8:00am
Secretary of State

Principal Plan	te of Business	Mailing Address	· · ·				
· ·		•	•				
2700 RIVERSIDE AVENUE JACKSONVILLE FL 32205		2700 HIVERSIDE AVENUE SUITE 11	2700 RIVERSIDE AVENUE SUITE 11		3. Date Incorporated or Qualified		
		JACKSONVILLE FL 32205			11/18/1987 4. FEI Number	I IADD	lied For
		US			59-2955867		Applicable
2. Principal P	lace of Business	2a. Mailing Address				□ \$8.75 Ac	
21	26			5. Certificate of Status Desired	Fee Req		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 м	
City & Stat		City & State			Trust Fund Contribution		
23	.0	 	28		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country		8. This corporation owes or has pald		ngible
24	25	29	30		Personal Property Tax due June 30		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regi	stered Agent	
			81 1	Vame			
	JR., YANK D.		82 8	Street Addr	ess (P.O. Box Number is Not Acceptable)	
2700 RIVERSIDE AVENUE			83				
JACKSU	NVILLE FL 32205		83				
			84 (City		FL 85 Zip Co	ode
11. Pursuant	to the provisions of Sections 617.05	i02 and 617,1508. Florida Statu	es, the above-n	amed corp	oration submits this statement for the pur		registered
office or r	registered agent, or both, in the Stat	e of Florida, Such change was nations of Section 617,0503. Fl	authorized by th	e corporati	oration submits this statement for the pur ion's board of directors. I hereby accept t	the appointment as re	gistered
SIGNATURE	in familia via, and accept the obii	galloris of, 000/10/1 017.0000; 11	ondu otatotoo.				
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NO	E. Registered Agent s	ignature require		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PTD Coble, Yank D. Jr.	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	2700 RIVERSIDE AVE		1.2 NAME				
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET AD				
CITY-ST-ZIP	D	DELETE	2.1 TITLE	IP		Change	Addition
NAME	DENISE, BRENNAN H	E.J OLLETE	2.2 NAME				
STREET ADDRESS	2700 RIVERSIDE AVE		2.3 STREET ADI	DAESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-2		<u>.</u>	AC, by	
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition
NAME	BLACKARD, WILLIAM R. JR.		3.2 NAME				
STREET ADDRESS	1609 BARNETT BANK BLDG		3.3 STREET ADI	DRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-\$1-2	ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	ļ			
STREET ADDRESS			4.3 STREET ADD)ress			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-Z	IP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADO				
CITY-ST-ZIP		DELETE	5.4 CITY - ST - Z	iP		☐ Change	Addition
TITLE		- nereie	6.1 TITLE			☐ cliange	- Modition
NAME EXPERT ADODICE			6.2 NAME	20500			
STREET ADDRESS			6.3 STREET ADD				1
CITY-ST-ZIP	L _		6.4 CITY - ST - Z	ır j			

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 for on an attachment with an address.

98 904-388-9345