## **FILE NOW: FILING FEE IS \$61.25**

## NONPROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## (5)

## FILED May 06 1998 8:00am Secretary of State

2. Principal Place of Business	1. Corporation	n Name	(-)						
### NAME NOW KINDS ROAD ### JACKSONVILLE FL 32219  ### SP-30 15797  ### Applied File ### Ap	INC.			CHRIST	Γ,				
JACKSONNILE FL 32219	Principal Place	e of Business	Mailing Address						
Application							******		
2. Malling Address   2. Malling Address   3. Certificate of Status Desired   \$8,75 Addition   58 Per Required   58 Per R								TA	pplied For
Solite, Apt. #. etc.							59-3015797	N	ot Applicable
City & State  Personal Property Tax due but no 30. "Yes "No  9. Name and Address of Current Registered Agent  ROGERS, DOWLING  3947 VICTORIA LANDING DR N  JACKSONVILLE FL 32208  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 88 Zip Code  11. Pursuant to the provisions of Sections 617 0002 and 617: 1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe agent. I am familiar with, and accept the obligations of, Section 617 0003; Florida Statutes  SIGNATURE  Signature, hydro or private from and air spoketation and air spoketation  Cofficiens And Directors  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  11 TITLE  PD  DELETE  13 STREET ADDRESS  14 CITY ST. 2P  Country  BB Zip Code  Change Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  14. Pursuant to the provisions of Sections 617 0002 and 617: 1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe agent 1 am familiar with, and accept the obligations of, Section 617 0003; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe agent. I am familiar with, and accept the obligations of, Section 617 0003; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe agent. I am familiar with, and accept the obligations of, Section 617 0003; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe agent. I am familiar with and acceptable	_	•					5. Certificate of Status Desired	<b>+</b>	
20 Country 2 p Country 2 p Country 2 p Country 4 n This corporation owes or has paid the current year Intargiable Personal Property Tax due June 30 Personal Property Tax due 30 Personal Property Tax due June 30 Personal Property Tax due 30 Personal Property Tax due June 30 Personal Property Tax due 30 Personal							· · · · · · · · · · · · · · · · · · ·		
20 County 20 County 20 County 20 County 20 Personal corporation ower or has paid the current year Intergoble 20 80 80 Personal Property Tax clue June 30 Yes 20 No. 9 No. 10 Name and Address of Current Registered Agent  ROGERS, DOWLING 3947 VICTORIA LANDING DR N JACKSONVILLE FL 32208  80 City FL 30 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Freet Address (P.O. Box Number is Not Acceptable)  84 City FL 32 No. 10 Name and Address of New Registered Agent 85 Street Address (P.O. Box Number is Not Acceptable)  86 City FL 32 No. 10 Name and Address of Current Registered Agent 87 Name 88 Street Address (P.O. Box Number is Not Acceptable)  89 City FL 30 No. 10	City & State							esociatio	m?
Personal Property Tax due June 30.    Yes   Mo  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  ROGERS, DOWLING  947 VICTORIA LANDING DR N  JACKSONVILLE FL 32208  11. Pursuant to the provisions of Sections 517 0502 and 617.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Rindia Such change was euthorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent, or board of directors. Thereby accept the appointment as registered agent agent, or board of directors. Thereby accept the appointment as registered agent agent, or board of directors. Thereby accept the appointment as registered agent agent, or board of directors. Thereby accept the appointment as registered agent									
ROGERS, DOWLING 3947 MCTORIA LANDING DR N JACKSONVILE FL 32208  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 City  FL 86 City		<b>├</b> ── <b>┐</b> ′	<u> </u>		ountry	4			
ROGERS, DOWLING 3947 VCTORIA LANDING DR N JACKSONVILLE FL 32208  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Zip Code  89 Zip Code  80	24								
ROGERS, DOWLING 3947 VCTORIA LANDING DR N JACKSONVILLE FL 32208  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 86 Zip Code  87 City FL 86 Zip Code  88 City FL 86 Zip Code  89 City FL 96 Zip Change FL 11 TITLE FL 9D DELETE FL 11 TITLE FL 9D DELETE FL 10 Change FL 21 TITLE FL 22 MME FL 24 City-St-2P FL 80 Change FL 24 City-St-2P FL 80 Change FL 11 TITLE FL 9D DELETE FL 10 DELETE FL 10 Change FL 10 Change FL 11 TITLE FL 11	·	9. Name and Address of Curr	ent Hegistered Agent		- 181	Name	10. Name and Address of New Registered A	gent	
3947 VCTORIA LANDING DR N JACKSONVILLE FL 32208  43  City  FL 85  City	noocne	DOM NO				rvanie			
JACKSONVILLE FL 32208    83						Street Add	dress (P.O. Box Number is Not Acceptable)		
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 registe office or registered agent, or both, in the State of Florida. Such change was submored by the corporation's board of directors. Thereby accept the appointment as registe office or registered agent and submits with, and accept the obligations of, Section 617,003, Florida Statutes.  SIGNATURE  SIGNA						<del> </del>			
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 registed 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 registed agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, hipsed or privated name of registered agent and site in applicables   (NOTE Registered Agent) segrature required when reinstating)   DATE     12.	JACKSU	MAILLE PL 32200							
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature, typed or private name of registered signal and title if applicable.   (NOTE Registered Agent Legistered When reinstating)   DATE     12.					84	City	Fi	<b>85</b> Zip	Code
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  MAKE  GIBSON, JOHN ACE SR.  STREET ADDRESS  CITY-ST-2P  JACKSONVILLE FL  TITLE  NAME  ROGERS DOWLING  STREET ADDRESS  CITY-ST-2P  JACKSONVILLE FL  TITLE  SD  JACKSONVILLE FL  TITLE  SD  JACKSONVILLE FL  TITLE  SD  JACKSONVILLE FL  TITLE  SD  JACKSONVILLE FL  JA	11. Pursuant l	o the provisions of Sections 617.0	502 and 617.1508, Florida S	atutes, the	abov	e-named cor	rporation submits this statement for the purpose of c	hanging r	ts registered
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OBSON, JOHN ACE SR.  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  ROGERS DOWLILE FL  TITLE  SD  AACKSONVILLE FL  AACKSONVILLE FL  TITLE  SD  AACKSONVILLE FL  TITLE  SD  AACKSONVILLE FL  AACKSONVILLE FL  TITLE  SD  AACKSONVILLE FL  AACKSONVILLE FL  TITLE  SD  AACKSONVILLE FL	office or re	egistered agent, or both, in the Sta	ate of Florida. Such change v	vas authori: 3. Florida S	zed by	y the corpore	stion's board of directors. I hereby accept the appoi	ntment as	registered
Signature, hyped or privated agent and title it applicable   (NOTE Registered Apont ingrature required when rematating)   DATE		The second state of the se	agailana anj adation, divinosa.	,, , ,o.,.o.,		٠.			
TITLE NAME STREET ADDRESS 5918 JOHN F.KENNEDY DR.N 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 1.1 TITLE SD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.2 MAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 3.1 TITLE SD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 3.4 CITY-ST-ZIP JACKSONVILLE FL 3.5 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE STREET ADDRESS SOLID STREET ADDRESS SOL	SIGNATURE _	Signature, typed or printed name of registered	ngeni and title il applicable.	(NOTE: Regist	ered Ap	eni signature requ	uired when reinstating) DATE		
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STREET ADDRESS 6.3 STREET ADDRESS	1								
64 CITY-ST-ZIP  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						ADDRESS			

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 trustenempowered 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.