


FILE NOW: FILING FEE IS \$61.25

FILED
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 # **N25714** (9)
1. Corporation Name
12 WHO CARE, COMMUNITY SERVICE AWARDS, INC.

Principal Place of Business 1070 EAST ADAMS ST. JACKSONVILLE FL 32202	Mailing Address 76 S. LAURA ST. SUITE 1600 JACKSONVILLE FL 32202
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2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country
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3. Date Incorporated or Qualified 04/01/1988	Applied For Not Applicable
4. FEI Number 59-2888577	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GABEL, GEORGE D., JR.
600 AMERICAN HERITAGE TOWER
76 SOUTH LAURA ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent [81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City [85] Zip Code 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 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 TONNING, R. KENNETH 1070 E. ADAMS STREET JACKSONVILLE FL
TITLE	S WARD, ELIZABETH 1070 E ADAMS STREET JACKSONVILLE FL
TITLE	T MCVEY, RHONDA 1070 E. ADAMS STREET JACKSONVILLE FL
TITLE	V CAMPBELL, GERALD 1070 E. ADAMS STREET JACKSONVILLE FL
TITLE	D SWENSON, BART 1070 E. ADAMS STREET JACKSONVILLE FL
TITLE	D NORDSIEK, GERALD A 1070 E. ADAMS STREET JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE:  1-798 904-633-8800

CR2E037 (10/97)