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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30793

1. Corporation Name *VESTER PROJECT OF NORTH FLORIDA INC*

Principal Place of Business Mailing Address  
*c/o N. BIRDSONG  
 616 MCCOLLUM CIRCLE  
 NEPTUNE BEACH, FL 32266*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <i>2/21/89</i>	3a. Date of Last Report
4. FEI Number <i>592936708</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>NORHA S. BIRDSONG          616 MCCOLLUM CIRCLE          NEPTUNE BEACH, FL 32266</i>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<i>FL</i> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PRESIDENT "D"</i> <input type="checkbox"/> DELETE	1.1 TITLE	<i>VCA PRESIDENT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>NORHA S. BIRDSONG</i>	1.2 NAME	<i>NANCY MAGILL</i>
STREET ADDRESS	<i>616 MCCOLLUM CIRCLE</i>	1.3 STREET ADDRESS	<i>11664 HIDDEN HILLS DRIVE</i>
CITY, ST, ZIP	<i>NEPTUNE BEACH, FL 32266</i>	1.4 CITY-ST-ZIP	<i>JACKSONVILLE, FL 32225</i>
TITLE	<i>SECRETARY "D"</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRUDENCE BALOWIN</i>	2.2 NAME	
STREET ADDRESS	<i>8314 HIDDEN LAKE DR. S.</i>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<i>JACKSONVILLE FL 32216</i>	2.4 CITY-ST-ZIP	
TITLE	<i>VICE PRESIDENT "D"</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>NANCY MAGILL</i>	3.2 NAME	
STREET ADDRESS	<i>11664 HIDDEN HILLS DRIVE</i>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<i>JACKSONVILLE, FL 32225</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Norha S. Birdsong* 3-10-97 (904) 246-0148  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
*02 641-5838*

CR2E037 (9/96)