FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31269

(6)

FLORIDA FIRST COAST CHAPTER OF THE NATIONAL BUSI NESS LEAGUE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

6172 PETTIFORD DRIVE WEST JACKSONVILLE FL 32209

2. Principal Place of Business

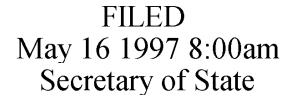
Suite, Apt #, etc.

City & State

21

22

6172 PETTIFORD DRIVE WEST JACKSONVILLE FL 32209-1801





3a. Date of Last Report 06/25/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Date Incorporated or Qualified 03/21/1989

5. Certificate of Status Desired

4. FEI Number 59-2389869

City & State	9	City & Star	le			6. Election Campaign Financing	\$5.00 k	
23		28		- <u>-</u>		Trust Fund Contribution	Added to	Fees
Ζιρ 24	Country 25	Z ip	Coun'		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
				81	Name			
WILLIAMS, ISIAH J 6172 PETTIFORD DRIVE WEST JACKSONVILLE FL 32209				-	Ctroat A	didage (D.O. Boy Aliyahar in Not Assessable)		
				82	Street At	ddress (P.O. Box Number is Not Acceptable)		
				83				
0/10/1001	Tirel Te Gende			ــــا	. <u></u> .			
				64	City	FLİ	85 Zip C	;ode
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Fi	orida Statutes,	the above	e-named c	corporation submits this statement for the purpose of c	hanging 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 eignature required when rainstating) DATE								
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND D	PRECTORS	S IN 12
TITLE	D DELETE		1.1 TITLE			Change	Addition &	
NAME	MCDUFFIE, ERNEST			1.2 NAME				2
STREET ADDRESS	6870 RHODE ISLAND DR.			1.3 STREET	ADDRESS			[2]
CITY-ST-ZIP	JACKSONVILLE FL			1.4 OffY-5	ST-ZIP			Andition C
TITLE	0		DELETE	2.1 TITLE			Change	Addition
NAME	WILLIAMS, ISIAH			2.2 NAME				
STREET ADDRESS	6172 PITTIFORD DRIVE WEST			2.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	JACKSONVILLE FL 32209			2. 4 CITY-	ST-ZIP			
TITLE	D		DELETE	31 TITLE	1		Change	Addition
NAME	CARTER, GEORGE F			3.2 NAME				
STREET ADDRESS	8905-B CASTLE BLVD.			3.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		/	3.4. CITY-	ST-ZIP			
TITLE	D	L	DELETE	4.1 TITLE			Change	Addition
NAME	Floyd, R. Grann			4. 2 NAME				
STREET ADDRESS	5006 ANDREW ROBINSON DE	XIVE		4.3 STREET	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32205			4.4 CITY-5	ST-ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - ST - ZIP				5.4 CITY-5	ST-ZIP			
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME	-			
STREET ADDRESS				6.3 STREET	T ADDRESS			
CITY-ST-ZIP				6.4 CITY - 5				
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 office to roll the corporation or the received manual report as required by Chapter 617, Florida Statutes; and that my name								

SIGNATURE: Isial Jon Willer 1514 4/29/97-904-764-474