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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31349

(6)

1. Corporation Name

JACKSONVILLE LITERACY COALITION, INC.

Principal Place of Business

Mailing Address

101 W STATE ST
JACKSONVILLE FL 32202

101 W STATE ST
JACKSONVILLE FL 32202-3099

3. Date Incorporated or Qualified
03/24/1989

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3001983

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINES, HAROLD
101 W STATE ST
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLAYTON, HOPE
940 N MAIN ST
JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
S/D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRINCE, JOSEPH
1076 ROGERO RD
JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P/D
Bronsard, Don
2067 Green Heron Point
Jacksonville, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MILLER, SANDY
1300 RIVERPLACE BLVD
JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VP/D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALDEN, TED EDWARD M.
9250 BAYMEADOWS RD #440
JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BROUGHTON, TERRIE
101 W 12TH ST
JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
A/S

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MILLIGAN, CLAUDIA
92 RIVERSIDE AVE
JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
VP/D
Miller, David
10950-10 San Jose Blvd.
Jacksonville, FL 32223

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: EDWARD M. ALDEN (904) 1/22/97 7318640
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8004122

CR2E037 (9/96)