

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N32881 (7)
1. Corporation Name
DOWN SYNDROME ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256
US7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256-7216
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1989

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2216636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

WATTS, GREGORY
7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

81 Name

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

83

300002196403

84 City

05/30/97 01077-014

***70.00

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ED
WATTS, LARUA N.
7932 HUNTERS GROVE ROAD
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WATTS, GREGORY
7932 HUNTERS GROVE ROAD
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MORAN, BERNADETTE
3312 ST JOHNS AVE
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
ADAMS, SUSAN C
2714 MCGIRTS COVE
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Dr. George Armstrong
807 N. 1st St
Jacksonville FL 32207

DELETE

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Dr. Pamela Ann
500 Prudential Blvd
Jacksonville FL 32207

DELETE

Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Director
Cathy Brinton
1835 Challen Ave
Jacksonville FLDirector
Judge Donald Moran
320 E Bay St
Jacksonville FL 322022.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Director
Dr. Tim Jamison
6839 Linford Blvd
Jacksonville FL 32217Director
Peter Lofis
51 San Juan Dr
Jacksonville FL 322023.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Director
Dr. Tom Quinlan
4205 Laurel Oak Way
Jacksonville FLDirector
Sally Douglas
4306 Sun Rose Lane
Jacksonville FL 322174.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Director
Laura Randolph
9800 Creekfront Rd
Jacksonville FLDirector
Dr. Barbara O'Reilly
1370 13th Ave S
Jacksonville FL 322505.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Director
Jason Garber
5375 Sidsaddle Dr
Jacksonville FL 32257Director
Judge Paul Hardy
1301 Riverplace Blvd
Jacksonville FL 322076.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Director
Judge Paul Hardy
1301 Riverplace Blvd
Jacksonville FL 32207Director
Judge Paul Hardy
1301 Riverplace Blvd
Jacksonville FL 32207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97

Date

Daytime Phone # (none)

CR2E037 (9/96)

5-1697