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May 16 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 # N32881 (7)
1. Corporation Name
DOWN SYNDROME ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
7932 HUNTERS GROVE ROAD JACKSONVILLE FL 32256
7932 HUNTERS GROVE ROAD JACKSONVILLE FL 32256-7216
US US

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 Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WATTS, GREGORY
7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002196403
84 City 85 Zip Code
05/30/97 01077-014
***70.00 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 DELETE
NAME ED WATTS, LARUA N.
STREET ADDRESS 7932 HUNTERS GROVE ROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE DELETE
NAME WATTS, GREGORY
STREET ADDRESS 7932 HUNTERS GROVE ROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE DELETE
NAME MORAN, BERNADETTE
STREET ADDRESS 3312 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE FL
TITLE DELETE
NAME ADAMS, SUSAN C
STREET ADDRESS 2714 MCGIRTS COVE
CITY-ST-ZIP JACKSONVILLE FL
TITLE DELETE
NAME Dr. George Armstrong
STREET ADDRESS 807 N. 1st St
CITY-ST-ZIP Jacksonville FL 32207
TITLE DELETE
NAME Dr. Pamela Ann
STREET ADDRESS 500 Prudential Blvd
CITY-ST-ZIP Jacksonville FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Director Change Addition
1.2 NAME Cathy Brinton
1.3 STREET ADDRESS 1835 Challenor
1.4 CITY-ST-ZIP Jacksonville FL
2.1 TITLE Director Change Addition
2.2 NAME Dr. Tim Jameson
2.3 STREET ADDRESS 6839 Linford Blvd
2.4 CITY-ST-ZIP Jacksonville FL 32217
3.1 TITLE Director Change Addition
3.2 NAME Dr. Tom Quynlan
3.3 STREET ADDRESS 4205 Laurel Oak Way
3.4 CITY-ST-ZIP Jacksonville FL
4.1 TITLE Director Change Addition
4.2 NAME Laura Randolph
4.3 STREET ADDRESS 9800 Creekfront Rd
4.4 CITY-ST-ZIP Jacksonville FL
5.1 TITLE Director Change Addition
5.2 NAME Jason Garber
5.3 STREET ADDRESS 5375 Sidsaddle Dr
5.4 CITY-ST-ZIP Jacksonville FL 32257
6.1 TITLE Director Change Addition
6.2 NAME Judge Paul Hardy
6.3 STREET ADDRESS 1301 Riverplace Blvd
6.4 CITY-ST-ZIP 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] DATE 4/5/97

CR2E037 (9/96)

5-16-97