

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33015
1. Corporation Name

(1)

DANIEL MEMORIAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

4203 S POINT BLVD
JACKSONVILLE FL 32216
US

4203 S POINT BLVD
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
06/28/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2953808

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, DANIEL H.
3725 BELFORT RD
JACKSONVILLE FL 32216

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME BISHOP, PETER S.
STREET ADDRESS 159 PALM VALLEY WOODS DR
CITY-ST-ZIP PONTE VERDE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME COOK, DANIEL H.
1.3 STREET ADDRESS 4203 SOUTHPOINT BOULEVARD
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DC ☒ DELETE
NAME BEVERLY, VIRGINIA Q
STREET ADDRESS CIRCUIT COURTHOUSE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500001797915
2.3 STREET ADDRESS -04/29/96--01028--003
2.4 CITY-ST-ZIP ***\$61.25

TITLE D ☐ DELETE
NAME BOCK, CUS
STREET ADDRESS 3849 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE DC ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ANDREW, MCCAIN
STREET ADDRESS 3643 RICHMOND ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE VC ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME OVERTON JIM
5.3 STREET ADDRESS 96 LAURA MEDIA
5.4 CITY-ST-ZIP 4191 SAN JUAN
JACKSONVILLE, FL 32210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME SKINNER, RUSSELL
6.3 STREET ADDRESS SKINNER'S NURSERY
6.4 CITY-ST-ZIP 6800 SOUTHPOINT PKWY #400
JACKSONVILLE, FL 32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: DANIEL H. COOK, ACSW

PRESIDENT

Date

Daytime Phone

1/14/96 904-296-6836

CR2E037 (12/95)

4/27/96