

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90061 041 ****61.25

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DOCUMENT # N33130

1. Corporation Name

JIM BOOE #86 D A V A, INC.

Principal Place of Business

208 6TH STREET SOUTH
P. O. BOX 360
FLGLER BEACH FL 32136

Mailing Address

208 6TH STREET SOUTH
P. O. BOX 360
FLGLER BEACH FL 32136



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/06/1989

4. FEI Number

59-2865807

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

9. Name and Address of Current Registered Agent

PIERCE, ANNA
13 WHITTER LANE
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name

ALICE F. SEARS

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

14 FERDINAND LN

83

84 City

Palm Coast

FL

85 Zip Code

32137

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

Alice F. Sears

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PIERCE, ANNA	
STREET ADDRESS	13 WHITTER LN	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAJOR, BEVERLY	
STREET ADDRESS	37 FAIRCASTLE LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POVILAITIS, JOSEPHINE	
STREET ADDRESS	146 COOKOUT DR	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEARS, ALICE	
STREET ADDRESS	14 FERDINAND LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SARFDE, AUDREY	
STREET ADDRESS	188 MONITOR DR	
CITY-ST-ZIP	FLGLER BCH FL 32136	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RITA	
STREET ADDRESS	148 ULYSSES TR	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP KATHARINE H. HAINES
5.3 STREET ADDRESS	77 BURBANK DR.
5.4 CITY-ST-ZIP	Palm Coast FL 32137
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T MARILYN DIACONE
6.3 STREET ADDRESS	105 COCHISE CT.
6.4 CITY-ST-ZIP	Palm Coast FL 32137

14. I 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, with all other like empowered.

SIGNATURE:

Alice F. Sears SIGNATURE ALICE F. SEARS

1/30/99 904-4453011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)