## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

### STEET ADDRESS ### STORE NAME FL 32277 ### STORE NAME STEET ADDRESS ### STEET ADDRESS #### STEET ADDRESS #### STEET ADDRESS ### STEET ADDRESS #### STEET ADDRESS #	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees homeowners association?  Yes No Daid the current year Intangible ne 30. Yes No No Registered Agent    Stip Code   Stip Code
JACKSONVILLE FL 32277  1. Principal Place of Business 2. Mailing Address 59-2962387  2. Principal Place of Business 2. Mailing Address 59-2962387  3. Certificate of Status Desired 59-2962387  5. Certificate of Status Desired 59-2962387  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution City & State 2. City & State 3. This corporation owes or has Personal Property Tax due Ju 9. Name and Address of Current Registered Agent 10. Name and Address of New I 82 Street Address (P.O. Box Number is Not Accept 8300 MERRILL RD 3830 E BUCKSKIN TR JACKSONVILLE FL 32277  11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept. I am Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes  12. OF FICERS AND DIRECTORS 11. RAME 12. MAME 12. STO 13. ADDITIONS/CHANGES TO OFI 17. St. 2P 17. LACIN-ST-2P 17.	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees homeowners association?  Yes No Daid the current year Intangible ne 30. Yes No No Registered Agent    Stip Code   Stip Code
24. Mailing Address 25. Wile, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Election Campaign Financing Trust Fund Contribution 27. Is this nonprofit corporation at 28. Suite Personal Property Tax due Ju. 28. This corporation owes or has Personal Property Tax due Ju. 39. Name and Address of Current Registered Agent 30. Name and Address of New Inc. 30. Name and Address of Current Registered Agent 30. Name and Address of New Inc. 30. Name and Address of Current Registered Agent 31. Name 32. Street Address (P.O. Box Number is Not Accept Agent Inc. 33. Street Address (P.O. Box Number is Not Accept Inc. 33. Street Address (P.O. Box Number is Not Accept Inc. 34. City 34. City 35. Street Address (P.O. Box Number is Not Accept Inc. 35. Signature agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepted agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepted agent. In am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  36. Election Campaign Financing Trust Fund Contribution 36. Election Campaign Financing Trust Fund Contribution 37. Is this nonprofit or propertion as a personal Property Tax due Ju	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees homeowners association?  Yes No Daid the current year Intangible ne 30. Yes No Registered Agent    Stip Code   Stip Code   Stip Code
Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Sip  Country  Signature, Space and Address of Current Registered Agent  To Recept Address (P.O. Box Number is Not Accept agent)  Signature, Space or protection submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent. I am familiar with, and accept the obligations of, Section 617, 0505, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent. I am familiar with, and accept the obligations of, Section 617, 0505, Florida Statutes.  SIGNATURE  Signature, Spead or protect name of registered Agent agent agent agent are marked when reinidiating).  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  DP  DELETE  1.1 TITLE  DP  JACKSONVILLE FL 32277  TITLE  DV  DELETE  1.2 NAME  STEVENS, JOEL M  S	Fee Required  \$5.00 May Be Added to Fees homeowners association? Yes No paid the current year Intangible ne 30. Yes No Registered Agent  able)    State Code   State Code
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$5.00 May Be Added to Fees homeowners association? Yes No paid the current year Intangible ne 30. Yes No Registered Agent  able)    Stip Code
City & State    28	homeowners association?  Yes X No  paid the current year Intangible ne 30. Yes X No  Registered Agent  able)  PL 85 Zip Code  purpose of changing its registered ept the appointment as registered
Zip Country Zip Country B. This corporation owes or has Personal Property Tax due July 9. Name and Address of Current Registered Agent 10. Name and Address of New I 10. Name I 10. Name and Address of New I 10. Name I	Yes No paid the current year Intangible the 30. Yes No Registered Agent  able)  FL 85 Zip Code to purpose of changing its registered ept the appointment as registered
Zip Country Zip Country 28. This corporation owes or has Personal Property Tax due Ju 9. Name and Address of Current Registered Agent 10. Name and Address of New I 10. Name and Address o	paid the current year Intangible ne 30. Yes No
FORCE, EVERETT, E 8300 MERRILL RD 3630 E BUCKSKIN TR JACKSONVILLE FL 32277  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes,  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFITIE  NAME  FORCE, EVERETT, EUGENE  3630 E. BUCKSKIN TR  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32277  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32248  2.2 NAME  STREET ADDRESS  JACKSONVILLE FL 32248  2.3 STREET ADDRESS  JACKSONVILLE FL 32248  2.4 CITY-ST-ZIP  NAME  FORCE, NAOMI C.  3.2 NAME  STREET ADDRESS  3630 BUCKSKIN TRAIL EAST  3.3 STREET ADDRESS  3.3 STREET ADDRESS	able)  FL   85   Zip Code  purpose of changing its registered ept the appointment as registered
FORCE, EVERETT, E 8300 MERRILL RD 3630 E BUCKSKIN TR JACKSONVILLE FL 32277  11. Pursuant to the provisions of Socions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accagent. 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 algoritume required when reinstating)  12.	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc 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 algnature required when reinstaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFITTE  NAME  FORCE, EVERETT, EUGENE  1.1 TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  JACKSONMILLE FL 32277  TITLE  DV  DELETE  1.1 TITLE  DV  LOBELETE  1.2 NAME  1.3 STREET ADDRESS  GITY-ST-ZIP  JACKSONMILLE FL 32277  TITLE  DV  DELETE  2.1 TITLE  NAME  STEVENS, JOEL M  2.2 NAME  STREET ADDRESS  GITY-ST-ZIP  JACKSONMILLE FL 32248  1.2 GITY-ST-ZIP  TITLE  STD  DELETE  3. ADDITIONS/CHANGES TO OFFITTE  1.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  GITY-ST-ZIP  TITLE  STD  DELETE  3.1 TITLE  NAME  FORCE, NAOMI C.  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS	purpose of changing its registered ept the appointment as registered
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SIGNATURE:

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Everett E. Force

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**FILED** 

Mar 11 1998 8:00am

Secretary of State

904-745-9600

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