

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 # N35119 (9)

1. Corporation Name
COMMUNITY INITIATIVES, INC.



Principal Place of Business: 7507 BEACH BOULEVARD JACKSONVILLE FL 32216 US
Mailing Address: P.O. BOX 16908 JACKSONVILLE FL 32245 US

3. Date Incorporated or Qualified: 11/02/1989
3a. Date of Last Report: 02/22/1995

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

4. FEI Number: 59-2991170 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: HANNAN, PATRICIA I. 7507 BEACH BOULEVARD JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MORRIS, WALTER	1.1 TITLE: FIRST VICE PRESIDENT	1.2 NAME: WERNER, MARK
STREET ADDRESS: 1610 BARRS STREET	CITY-ST-ZIP: JACKSONVILLE FL	1.3 STREET ADDRESS: 8917 WESTERN WAY, #7	1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE: VD	NAME: SPENCE, ISABELLE	2.1 TITLE: PRESIDENT	2.2 NAME: SPENCE, ISABELLE
STREET ADDRESS: 1812 ATLANTIC BLVD	CITY-ST-ZIP: JACKSONVILLE FL	2.3 STREET ADDRESS: 432 OSCEOLA AVENUE SOUTH	2.4 CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250
TITLE: D	NAME: GAILLARD, JACK	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 5411 ORTEGABLVD #1	CITY-ST-ZIP: JACKSONVILLE FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD	NAME: FRANKLIN, JOHN	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3129 GULF LIFE DRIVE #2529	CITY-ST-ZIP: JACKSONVILLE FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: KRESTUL, NATHAN	5.1 TITLE: SECRETARY	5.2 NAME: KARSNER, GARY
STREET ADDRESS: 231 EAST FORSYTH #400	CITY-ST-ZIP: JACKSONVILLE FL	5.3 STREET ADDRESS: 3625 UNIVERSITY BOULEVARD S.	5.4 CITY-ST-ZIP: JACKSONVILLE, FL 32216
TITLE: SD	NAME: CHASSMAN, PEG	6.1 TITLE: SECOND VICE PRESIDENT	6.2 NAME: CHASSMAN, PEG
STREET ADDRESS: 9361 BEAUCLERC WOODS LN N.	CITY-ST-ZIP: JACKSONVILLE FL	6.3 STREET ADDRESS: 9361 BEAUCLERC WOODS LN. N.	6.4 CITY-ST-ZIP: JACKSONVILLE, FL 32257

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: *Isabelle Spence* 04/26/96 (904) 727-6460

CR2E037 (12/95)